

Case Number:	CM15-0030863		
Date Assigned:	02/24/2015	Date of Injury:	05/15/1996
Decision Date:	04/08/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/19/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 55 year old male sustained an industrial injury on 5/15/96, with subsequent ongoing back, neck, knee and ankle pain. Magnetic resonance imaging lumbar spine (8/4/08) showed loss of disc space with disc protrusion or herniation. The injured worker underwent multiple knee surgeries, bilateral rotator cuff repairs and bilateral carpal tunnel release. The injured worker was currently being treated for chronic pain to multiple body parts. In a PR-2 dated 1/19/15, the injured worker complained of pain to the mid and low back, neck, knee and bilateral legs, rated 6-9/10 on the visual analog scale. The injured worker reported having a recent fall associated with increased pain and decreased functional capacity with decreased ability to ambulate. The physician noted that the injured worker had not been functioning well at all. The injured worker had difficulty getting on and off the exam table and getting in and out of the chair. Physical exam was remarkable for muscle strength 4-5/10, tenderness to palpation of the left sacroiliac joint, lumbar spine with decreased range of motion, tenderness to palpation, pain with rotational extension, secondary myofascial pain with triggering, spasm, positive Faber's and decreased strength to the left leg. The treatment plan included reinstatement of home health care, ankle x-rays and medication refills (Celebrex, Clonazepam, Docusate, Ffentanyl, Gabapentin, Lorazepam, Lunesta, Omeprazole, Percocet, Prestiq and Tamsulosin). On 2/4/15, Utilization Review modified a request for Percocet 10/325mg #240 to Percocet 10/325mg #160 citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Percocet 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain and weakness in his neck, lower back and lower extremity. The request is for PERCOCET 10/325MG #240. The patient is currently taking Celebrex, Clonazepam, Dexilant, Docusate, Fentanyl, Gabapentin, Gralise, Lorazepam, Lunesta, Omeprazole, Percocet, Prestiq and Tamsulosin Hcl. The patient has been utilizing Percocet since at least 05/28/14. Per 01/22/15 progress report, the patient rates his back pain at 9/10, neck pain at 6/10, and leg pain at 6-7/10. The patient has been continuing to note substantial benefit of the medications. No aberrant behavior observed and no ADRs reported. UDS on 07/14/14 has no signs of illegal drug abuse with about 90% improvement in pain. He has attempted to wean the medications with increased pain, suffering and decreasing functional capacity. MTUS Guidelines pages 88 and 89 states, Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4 A's --analgesia, ADLs, adverse side effects, and adverse behavior--, as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. In this case, the treater documents drug screening reports on 07/14/14. The treater discusses analgesia with 90% improvement and aberrant behavior but the treater doesn't discuss all 4 A's as required by MTUS guidelines. While stating that the patient is better, no specific ADL changes are documented showing significant improvement functionally. General statements regarding ADL's and function are inadequate. Before and after pain scales are not used; no validated instruments are used to show functional gains. No outcome measures are provided as required by MTUS. Given the lack of adequate documentation as required by MTUS Guidelines, the request IS NOT medically necessary.