

Case Number:	CM15-0047330		
Date Assigned:	03/19/2015	Date of Injury:	09/07/1997
Decision Date:	04/24/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/12/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

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

The injured worker is a 77 year old male, who sustained an industrial injury on September 7, 1997. The injured worker was diagnosed as having long term medication use, chronic pain syndrome, and lumbar disc displacement without myelopathy. Treatment to date has included an intrathecal pump, lumbar fusion in 2013, and medication. Currently, the injured worker complains of pain in his back and legs. The Treating Physician's report dated January 22, 2015, noted the injured worker reported his back and leg pain chronic and moderately severe with medication and severe without medication, noting the intrathecal pump very effective, without which he could not stand or walk. Examination of the lumbar spine was noted to show straight leg raise positive on the right, with spasm and guarding noted in the lumbar spine. Current medication was listed as Dss, Gabapentin, Percocet, Baclofen, Lipitor, Metoprolol Tartrate, and Aspirin. The injured worker's intrathecal pump was interrogated and refilled. The treatment plan was noted to include a Percocet refill. Per the doctor's note dated 3/26/15 patient had complaints of back pain with leg weakness. Physical examination revealed normal tone, 5/5 strength and normal gait and sensation and positive SLR. He has had a urine drug toxicology report on 11/13/14 that was consistent for Percocet The patient had received lumbar ESI for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #75: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: Criteria For Use Of Opioids Therapeutic Trial of Opioids Page(s): 76-80.

Decision rationale: Request: Percocet 10/325mg #75. Percocet contains acetaminophen and oxycodone which is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement, including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Percocet 10/325mg #75 is not established for this patient. The request is not medically necessary.