

Case Number:	CM15-0050444		
Date Assigned:	03/23/2015	Date of Injury:	08/18/1999
Decision Date:	05/01/2015	UR Denial Date:	02/28/2015
Priority:	Standard	Application Received:	03/17/2015

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:

The injured worker is a 52 year old male, who sustained an industrial injury on 8/18/1999. The injured worker was diagnosed as having chronic low back pain; post laminectomy syndrome. Treatment to date has included status post lumbar laminectomy (no date); medications. Currently, the PR-2 note dated 1/27/15, the injured worker complains of low back pain. The injured worker remarks he had "gone without the Oxycodone for 47 days and was quite miserable." He was unable to walk and need to for his cardiovascular condition as well as other co-morbidities. It is noted he uses a cane for ambulation. The provider is requesting Percocet and Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #90 with 2 refills: Upheld

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

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 lower back and lower extremity. The request is for Ultram 50mg #90 with 2 refills. Per 02/21/15 progress report, the patient is currently taking Ultram and Percocet. "Pain level is 4/10 with medication, off medication pain level gets to 6 and higher. He has no side effects of medications." The patient has been utilizing Ultram since 10/24/13. The patient is currently not working. 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 provider documents analgesia with pain going from 6+/10 to 4/10 and side effects, but the provider does not address all 4 A's as required by MTUS guidelines. The provider does not provide ADLs and adverse behavior. No specific ADL changes are noted showing significant functional improvement. No outcome measures are provided as required by MTUS. Urine drug screen is not mentioned. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the request is not medically necessary.

Percocet 5/325mg #60 with 2 refills: Upheld

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

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 lower back and lower extremity. The request is for Percocet 5/325mg #60 with 2 refills. Per 02/21/15 progress report, the patient is currently taking Ultram and Percocet. "Pain level is 4/10 with medication, off medication pain level gets to 6 and higher. He has no side effects of medications." The patient has been utilizing Percocet since 10/24/13. The patient is currently not working. 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 provider documents analgesia with pain going from 6+/10 to 4/10 and side effects, but the provider does not address all 4 A's as required by MTUS guidelines. The provider does not provide ADLs and adverse behavior. No specific ADL changes are noted showing significant functional improvement. No outcome measures are provided as required by MTUS. Urine drug screen is not mentioned. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the request is not medically necessary.

