

Case Number:	CM15-0051516		
Date Assigned:	03/25/2015	Date of Injury:	06/10/2002
Decision Date:	05/01/2015	UR Denial Date:	03/07/2015
Priority:	Standard	Application Received:	03/18/2015

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: Preventive Medicine, Occupational Medicine

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 6/10/02. He has reported lifting and twisting injury with back pain. The diagnoses have included lumbar sprain and chronic low back pain. Comorbid conditions include obesity (BMI 30.7) and coronary heart disease. Lumbar MRI (3/17/2010) showed multilevel degenerative changes without disc herniation or compromise of neural tissues. Lumbar X-rays (9/8/14) showed multilevel lumbar spondylosis. Lumbar MRI (9/25/14) showed left-sided herniated disc L2-3. Treatment to date has included medications including anti-inflammatory and opioid medications, physical therapy, chiropractic, epidural steroid injections, Transcutaneous Electrical Nerve Stimulation (TENS), bracing and Home Exercise Program (HEP) with minimal relief. Currently, as per the physician progress note dated 1/13/15, the injured worker complains of chronic back pain with sciatica into left thigh and continues use of Percocet medication for maintenance of back pain relief and use of Valium for muscle spasm. The back pain was currently rated 3/10 on pain scale. The injured worker was pending a neurosurgical evaluation. It was noted that the injured worker had improved activities of daily living (ADL's) with use of medication but continues with suboptimal sleep. The physical exam revealed blood pressure of 130/86, pulse of 101, and weight of 163. It was also noted in the objective findings that the lumbar spine exam was consistent with baseline. The physician requested treatment includes Percocet 10/325mg #90 for chronic back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/acetaminophen (Percocet; generic available); Chronic back pain; Outcomes measures.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 60-1, 74-96.

Decision rationale: Oxycodone/APAP (Percocet) is a combination medication made up of the semi-synthetic opioid, oxycodone, and acetaminophen, better known as Tylenol. It is indicated for treatment of moderate to severe pain and is available in immediate release and controlled release forms. If being used to treat neuropathic pain, then it is considered a second-line treatment (first-line are antidepressants and anticonvulsants), however, there are no long-term studies to suggest chronic use of opioids for neuropathic pain. If treating chronic low back pain, opioids effectiveness is limited to short-term pain relief (up to 16 weeks) as there is no evidence of long-term effectiveness. It is known that long-term use of opioids is associated with hyperalgesia and tolerance. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. It is important to note, however, the maximum daily dose of opioids, calculated as morphine equivalent dosing from use of all opioid medications, is 120 mg per day. The major risks of opioid therapy are the development of addiction, overdose and death. The pain guidelines in the MTUS directly address opioid use by presenting a number of recommendations required for providers to document safe use of these medications. However, the provider has not documented the required monitoring tests and assessments for the safe use of chronic opioid therapy, specifically there are no urine drug screens nor medical record notations of potential abuse or drug seeking behavior. There is one record that documents an Emergency Room visit for pain, which by itself cannot be considered drug-seeking, but is of concern. There is also no documentation that trials of other first-line medications for neuropathic pain, such as antidepressants or antiepileptics, were attempted and failed. The provider does document the effectiveness of the opioid therapy and the calculated morphine equivalent dosage is 45 mg/day which is well within the MTUS guidelines. Given all the above information, medical necessity for continued use of this medication is not medically necessary.