MAXIMUS Federal Services

Case Number:	CM15-0056453		
Date Assigned:	04/01/2015	Date of Injury:	11/18/2009
Decision Date:	05/07/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/24/2015

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 46 year old male, who sustained an industrial injury on November 18, 2009. The injured worker was diagnosed as having chronic pain, lumbar and lumbosacral intervertebral disc degeneration, sciatica and thoracic and lumbosacral neuritis/radiculitis. Treatment and diagnostic studies to date have included magnetic resonance imaging (MRI), surgery and medication. A progress note dated February 10, 2015 provides the injured worker complains of low back pain. Proper compliance and use of medication was discussed. The plan includes continuing medication and follow-up.

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 Opioids Page(s): 74-96.

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 lower extremity pain and low back pain. The physician is requesting Percocet 10/325 MG #90. The RFA dated 02/26/2015 shows a request for Percocet 10/325 mg tablets #90. The patient's date of injury is from 11/18/2009, and he is currently permanent and stationary. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The records show that the patient was prescribed Percocet on 05/09/2014. The 01/30/2015 progress report notes that the patient's current pain level is at 7/10. The patient does not have any impairment in dressing, toileting, housework, driving, and sleep. There is tenderness in the midline from L4 to the sacrum and over the paraspinal musculature bilaterally from L4 to the sacrum. The rest of the examination was within normal limits. None of the reports provide before and after pain scales to show analgesia. There are no specific discussions about activities of daily living. No side effects were reported, however, the current urine drug screen from 02/10/2015 showed consistent result. In this case, the patient has not met all the required 4 A's for continued opiate use. The patient should now be slowly weaned as outlined in the MTUS Guidelines. The request is not medically necessary.