

Case Number:	CM15-0057387		
Date Assigned:	04/02/2015	Date of Injury:	02/11/2014
Decision Date:	06/02/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/26/2015

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: Ohio, North Carolina, Virginia
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 47 year old male who sustained an industrial injury on 2/11/2014. His diagnoses, and/or impressions are noted to include: sprain of the lumbar region; unspecified backache; and back pain with thoracic/lumbar disc degeneration and radiculopathy. No magnetic resonance imaging studies or electrodiagnostic studies are noted. His treatments have included physical therapy - ineffective for radicular pain; Prednisone therapy; modified work duties; and medication management. The history notes the decision, by the injured worker, for deferral of epidural steroid injection therapy until seen by the surgeon. Progress notes of 1/16/2015 reported a severe lower backache that is unchanged, is with any other symptoms, with no improvements in his quality of sleep or level of activity; and is well controlled on his medications. The physician's requests for treatments were noted to include resuming Oxycontin for long-acting pain management and Percocet for breakthrough pain, while awaiting authorization for a trans-cutaneous electrical nerve stimulation unit and surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10-325mg 1 by mouth 4 times a day as needed, breakthrough Pain Qty 120:
Upheld

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

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

Decision rationale: Those prescribed opioids such as percocet require ongoing assessment of pain relief, functional improvement, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued if there is improvement in pain and functionality as a consequence of the opioids and/or the injured worker has regained employment. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. In this instance, the injured worker's pain levels of increased from a 7/10 with medications to an 8 or 9/10 level with medication. While the medical record generally stated that the injured worker's functional levels and activities of daily living have been optimized with the current medication regimen, no specific examples of improved functionality as a consequence of the opioids or indeed over time are provided in the submitted medical record. Therefore, the medical appropriateness and necessity of Percocet 10-325mg 1 by mouth 4 times a day as needed, breakthrough Pain Qty 120 has not been established. The treating physician should consult appropriate weaning guidelines. The request is not medically necessary.

Oxycontin 10mg 1 by mouth twice a day Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Definition of functional improvement and Opioids chapter Page(s): 1, 74-96.

Decision rationale: Those prescribed opioids such as Oxycontin require ongoing assessment of pain relief, functional improvement, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued if there is improvement in pain and functionality as a consequence of the opioids and/or the injured worker has regained employment. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. In this instance, the injured worker's pain levels of increased from a 7/10 with medications to an 8 or 9/10 level with medication. While the medical record generally stated that the injured worker's functional levels and activities of daily living have been optimized with the current medication regimen, no specific examples of improved functionality as a consequence of the opioids or indeed over time are provided in the submitted medical record. Therefore, the medical appropriateness and necessity of Oxycontin 10mg 1 by mouth twice a day Qty 60 is not established. The treating physician should consult appropriate weaning guidelines. The request is not medically necessary.