MAXIMUS Federal Services

Case Number:	CM15-0080509		
Date Assigned:	05/01/2015	Date of Injury:	04/11/2007
Decision Date:	06/08/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/27/2015

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: New Jersey
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 46 year old female, who sustained an industrial/work injury on 4/11/07. She reported initial complaints of headaches. The injured worker was diagnosed as having headache. Treatment to date has included medication, acupuncture, and physical therapy. Currently, the injured worker complains of migraine type headaches. Per the primary physician's report on 2/9/15, examination revealed normal gait, negative Romberg, left arm twitch, normal reflexes in the upper and lower extremities, normal cerebellar function. Treatment was to include medical treatment from a toxicology perspective. The requested treatments include pain management monthly.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Guidelines state that for a therapeutic trial of opioids, there needs to be no other reasonable alternatives to treatments that haven't already been tried, there should be a likelihood that the patient would improve with its use, and there should be no likelihood of abuse or adverse outcome. Before initiating therapy with opioids, the MTUS Chronic Pain Guidelines state that there should be an attempt to determine if the pain is nociceptive or neuropathic (opioids not first-line therapy for neuropathic pain), the patient should have tried and failed non-opioid analgesics, goals with use should be set, baseline pain and functional assessments should be made (social, psychological, daily, and work activities), the patient should have at least one physical and psychosocial assessment by the treating doctor, and a discussion should be had between the treating physician and the patient about the risks and benefits of using opioids. Initiating with a short-acting opioid one at a time is recommended for intermittent pain, and continuous pain is recommended to be treated by an extended release opioid. Only one drug should be changed at a time, and prophylactic treatment of constipation should be initiated. In the case of this worker, who was using both tramadol and oxycodone to help treat her chronic pain. Documentation suggested, although not clearly stated, that use of this medication was daily, but prescription was for "as needed" use. Recommendation of adding Percocet was then suggested. It should not be necessary to use three different opioid agents throughout the day, and one long-acting and possibly one short-acting medication for breakthrough pain is more appropriate, and there was no explanation or justification for using three different agents in this case. Also, there was insufficient documentation provided for review to show clear baseline assessment of functional abilities before using Percocet. Therefore, the request for Percocet will be considered medically unnecessary at this time and based on the documentation provided.

Pain management monthly: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head section, Office visits.

Decision rationale: The MTUS Guidelines are silent on office visits with a physician. The ODG, however, states that they are recommended as determined to be medically necessary, and clearly should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs, and symptoms, clinical stability, and reasonable physician judgment. A set number of visits cannot be reasonable established, however, the clinician should be mindful of the fact that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In the case of this worker, monthly office visits with pain management was requested. However, this indefinite number of office visits is not appropriate to request and 1-2 office visits, if appropriate, is more reasonable to request at a time. Therefore, this request for "pain management monthly" will be considered medically unnecessary.