

Case Number:	CM15-0087140		
Date Assigned:	05/11/2015	Date of Injury:	06/22/1987
Decision Date:	06/10/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/06/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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(n) 54 year old male, who sustained an industrial injury on 6/22/87. He reported pain in his back and lower extremities due to cumulative trauma. The injured worker was diagnosed as having L4-S1 stenosis, L4-S1 facet arthropathy and right lower extremity radiculopathy. Treatment to date has included a lumbar MRI, Percocet (since at 8/19/14) and physical therapy. On 1/28/15, the injured worker rated his lower back pain an 8/10 without medications and a 3-4/10 with medications and his left hip pain a 6-8/10 without medications and a 4-5/10 with medications. As of the PR2 dated 4/20/15, the injured worker reports pain in his lower back and left hip. He rates his pain in his lower back a 6-9/10 without medications and a 4-5/10 with medications and his left hip pain 5-8/10 without medications and 3-4/10 with medications. Objective findings include no tenderness on palpation in the lumbar spine, no gross deformity and decreased sensation in the right anterior thigh. The treating physician requested to continue Percocet 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Percocet 10/325 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10/325mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are severe left hip degenerative joint disease; status post left greater trochanteric bursitis; left total hip replacement July 21, 2014; L4 - L5 and L5 - S1 stenosis; right lower extremity radiculopathy; L4 - L5 and L5 - S1 facet arthropathy. The documentation shows Percocet 10/325 mg was first prescribed postoperatively on August 19, 2014. The VAS pain scales were 2-3/10 with medications and 5-9/10 without medication. On a progress note dated April 20, 2015 (request for authorization date April 21, 2015), the VAS pain scales were unchanged. The medical record does not contain documentation demonstrating objective functional improvement with ongoing long-term Percocet 10/325 mg. According to a utilization review certification #457777, Percocet was denied based on lack of documentation demonstrating objective functional improvement with recommended weaning of Percocet. There was no subsequent attempt to wean Percocet. There were no risk assessments in the medical record. There were no detailed assessments of the medical record. Consequently, absent compelling clinical documentation with objective functional improvement to support ongoing Percocet 10/325 mg, risk assessments, detailed pain assessments and an attempt to wean Percocet, Percocet 10/325mg #120 is not medically necessary.