MAXIMUS Federal Services

Case Number:	CM15-0239439		
Date Assigned:	12/16/2015	Date of Injury:	05/15/1996
Decision Date:	01/27/2016	UR Denial Date:	12/06/2015
Priority:	Standard	Application Received:	12/08/2015

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, Hawaii
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 57 year old male who sustained an industrial injury on 5-15-1996. A review of medical records indicates the injured worker is being treated for lumbalgia, status post right knee arthroscopic surgery for ACL laxity with allograft tendon repair, status post right knee contusion, carpal tunnel syndrome right, carpal tunnel syndrome left, bilateral shoulder rotator cuff tears status post-surgery, left ankle injury, thoracic spine compression fracture, and L4-5 disc herniation at 7mm. Medical records dated 11-23-2015 noted back stiffness and pain rated 8 out of 10, cervical pain rated 4 out of 10, and leg pain rated 7-8 out of 10. Pain was slightly better in the cervical spine and leg pain was worse. Physical examination noted decreased range of motion to the right knee. There was pain over the lumbar spine and spasm. Treatment has included Percocet since at least 7-6-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The patient presents with neck, back and leg pain. The current request is for Percocet 10/325mg #240. The treating physician's report dated 11/23/2015 (141B) states, "The patient has been continuing to note substantial benefit of the medications, and he has nociceptive, neuropathic and inflammatory pain. There is no evidence of drug abuse or diversion, no aberrant behavior observed and no ADR's reported. Medication was reviewed and DDI was checked. He has no side effects, no complications and no aberrant behavior. UDS on March 13, 2015 has no signs of illicit drug abuse, diversion or habituation. He is on the lowest effective dosing, with about 90% improvement in pain. He is well below the MED anticipated for his injury, and he has attempted to wean the medications with increased pain, suffering, and decreased functional capacity." The patient is 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 requires 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. While the patient reports 90% improvement of pain with medication use, there are no specific examples of ADL's to show medication efficacy. There is only a mention that function is decreased without medication without specific examples. There are no before and after pain scales provided. No outcome measures were provided as required by MTUS Guidelines. In this case, the physician has not provided the proper documentation of the required criteria based on the MTUS Guidelines for continued opiate use. The current request is not medically necessary.