

Case Number:	CM14-0144271		
Date Assigned:	09/12/2014	Date of Injury:	11/01/2005
Decision Date:	10/10/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 42-year-old male with a date of injury of 11/1/05. The mechanism of injury was not noted. On 5/22/14 a UR had completed the weaning process of Norco by certifying #15 Norco. A UR on 7/24/14 had non-certified Norco due to tapering completion. On 6/10/14 it was noted the patient was prescribed OxyContin 80mg #60 and Norco 10/325mg #140. On 7/9/14 it was noted that the patient was prescribed OxyContin 80mg twice a day #60 and Norco 10/325mg #140 tablets. On 8/6/14 he complained of stabbing low back pain radiating down his legs. He is status post multiple lumbar surgeries including microdiscectomy, foraminotomy and laminectomies. His current medications include OxyContin 80mg twice a day, Percocet 10/325mg 4-5 per day, baclofen, ibuprofen 800mg, Prevacid, Zofran, Lunesta and Zoloft. On exam of the lower back reveals limited range of motion and ambulates with a limp. The diagnostic impression is low back pain with history of prior back surgery, and failed laminectomy syndrome. Treatment to date: surgery, medication management. A UR decision dated 8/21/14 denied the request for Percocet 10/325mg #140. The Percocet was denied because the continued use of opioids is not supported by guidelines when there is no overall improvement in function. The patient has been on opioid on a long-term basis without substantial gains in function as a result of the medication. Additionally, the prescribed doses of long-acting and short-acting opiates exceeded guideline recommendations, without resulting in clinically objective improvements. Prior UR review also determined that long-term opioid use was no longer clinically warranted due to a lack of quantified, objective evidence of functional improvement and weaning on a slow taper schedule had been initiated. A UR on 5/22/14 had completed the weaning process by certifying 15 Norco tablets. A UR on 7/24/14 had non-certified Norco due to tapering completion. Therefore, due to lack of functional improvement, completed opioid weaning, and lack of guideline support the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 12/325mg #140: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, this patient with a date of injury of 11/1/05 has been on long-term opioid therapy. There is no documentation of functional improvement or continued analgesia with the use of opiates. There is no CURES Report noted. The progress note on 8/6/14 stated he is on OxyContin 80mg twice a day #60 and Percocet 10/325mg #140. The MED (morphine equivalent dose) with this combination is 315, which greatly exceed guideline recommendations of an MED of not more than 200. The progress notes on 6/10/14 and 7/9/14 stated the patient is on OxyContin 80mg twice a day #60 and Norco 10/325mg #140. The MED with this combination is 290, which also exceeds the guideline recommendations of an MED of not more than 200. It is unclear if the patient is taking Percocet 10/325mg or Norco 10/325mg at this time. A UR review on 5/22/14 certified #15 Norco to complete a weaning process of Norco due to lack of functional improvement noted. A UR on 7/24/14 non-certified a request for Norco due to weaning process completed. Therefore, the request for Percocet 12/325mg #140 is not medically necessary.