

Case Number:	CM14-0144898		
Date Assigned:	09/12/2014	Date of Injury:	11/14/2005
Decision Date:	10/16/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/08/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 55-year-old male with an injury date of 11/14/2005. Based on the 07/30/2014 progress report, the patient complains of having lower back pain with radiation into the lower left extremity, lateral thighs, and anterior knee. He describes the pain as being electric-like, pressure, sharp, and shooting. The patient has symptoms of muscle weakness, difficulty walking, difficulty falling asleep, and difficulty remaining asleep. The patient has a slow and mildly antalgic gait. He also has a decreased range of motion in the back due to pain and sensory deficits in L4-L5 dermatomes on the left side. Patient currently takes Nabumetone, Avinza, and Percocet. He has had significant benefit with lumbar epidural steroid injection in the past; however, has failed RFA due to increased pain. The patient's diagnoses include the following: 1. Lumbar DDD. 2. Bulging lumbar disk. 3. Lumbar facet arthropathy. 4. Post-laminectomy syndrome. The utilization review determination being challenged is dated 09/04/2014. Treatment reports were provided from 02/12/2017 - 08/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Avinza ER 60mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89.

Decision rationale: MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse 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 medication to work, and duration of pain relief. The patient has been taking Avinza ER as early as 02/12/2014. The 02/12/2014 progress report indicates, "Medications decreased pain by 40% at least." The 03/12/2014, 04/09/2014, 06/04/2014, 07/02/2014, and 07/30/2014 progress reports all state that the patient "has continued benefit with current medication regimen which allows him greater than 50% decrease in his pain as well as allows him to continue to care for debilitated mother with Alzheimer's disease (taking her to appointments, stores, ADLs, etc.), and perform light household chores." In this case, the treater seems to provide documentation for Analgesia and ADL's. The patient may not have many side effects but there is no discussion regarding aberrant behavior; no urine toxicology, pain contract mentioned, CURES report, etc. There are no discussions regarding the "outcome measures" as required by MTUS either. Given the lack of adequate documentation, Avinza ER 60mg #30 is not medically necessary.

Percocet 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain ; CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61; 88, 89.

Decision rationale: MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse 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 medication to work, and duration of pain relief. The 02/12/2014 progress report indicates, "Medications decreased pain by 40% at least." The 03/12/2014, 04/09/2014, 06/04/2014, 07/02/2014, and 07/30/2014 progress reports all state that the patient "has continued benefit with current medication regimen which allows him greater than 50% decrease in his pain as well as allows him to continue to care for debilitated mother with Alzheimer's disease (taking her to appointments, stores, ADLs, etc.), and perform light household chores." Reviewing the reports, there are no specific changes in ADLs mentioned in which Percocet benefits the patient. The 03/12/14 report states that the patient is "currently stable on his pain medications. He denies any adverse side effects, health changes, or life-altering events." In this case, the treater has made the same statement regarding how the patient benefits with his medication; there are no specific changes in ADLs mentioned in any of these progress reports, Percocet 10/325mg #90 is not medically necessary.

