

Case Number:	CM14-0160657		
Date Assigned:	10/06/2014	Date of Injury:	09/09/2009
Decision Date:	10/30/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/30/2014

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 Pain 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 49-year-old male who sustained a remote industrial injury on 09/09/09 diagnosed with chronic left shoulder pain, chronic left lower extremity pain, left groin pain, and left-sided neck pain. Mechanism of injury occurred when the patient fell 25 feet from a ladder while working on a window from the outside of a structure, injuring the left femur, knee, left hip, left elbow, shoulder, and neck. The request for Colace 100mg #100 was modified at utilization review to certify Colace 100mg #30 because the patient was not approved for enough of you really to warrant such a high dosage of Colace. The request for Percocet 10/325mg #120 was also modified at utilization review to certify Percocet 10/325mg #30 due to Percocet being recommended for weaning in the past because its use is not benefiting the patient, the patient has a history of opioid abuse, and the patient is not working. The most recent progress note provided is 09/11/14. Patient complains primarily of left knee pain with improvement in right knee pain by 50% due to the recent Synvisc injection. The pain is rated as a 5/10 without medications and a 3/10 with medications. Physical exam findings state that there has been no significant change. Current medications include: Percocet 10/325mg four tablets a day, Trazodone 50mg 1 to 2 tablets at night, Colace 100mg 2 to 3 tablets a day as needed, Lexapro 20mg two tablets before noon, and Wellbutrin 150mg every night at bedtime. It is noted that with medications the patient is able to be more active, including performing house chores, stretching, and walking. Provided documents include several previous progress reports, requests for authorization, previous utilization reviews that modify requests for Percocet #120 to allow for tapering, notices of certification, a qualified medical evaluation that highlights the patient has been prescribed Percocet since at least February of 2010, a psychiatric agreed medical evaluation dated 07/01/14 that highlights the patient has a history of drug abuse and Oxycodone use may not be benefiting the patient, and a psychological assessment. On 04/16/14, the peer reviewer certified Percocet

10/325mg #120 recommending that future requested refills of this medication are accompanied by better documentation of specific functional benefits in terms of activity levels from the use of this opiate. On 07/15/14, the peer reviewer partially certified Percocet to allow for tapering and trial plain acetaminophen for pain control. The patient's previous treatments include Synvisc injections, shoulder surgery, femur surgeries, epidural steroid injections, physical therapy, acupuncture, and medications. Imaging studies provided include an x-ray of the left knee, performed on 05/05/14 that reveals marked deformity of distal femur, osteopenia, and degenerative joint disease. An MRI of the left shoulder, performed on 05/05/14, reveals moderate acromioclavicular (AC) degenerative joint disease and full thickness cuff effect, and an x-ray of the right knee, performed on 06/12/14, reveals severe osteoarthritis and moderate suprapatellar joint effusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-60. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/mtm/docusate.html>

Decision rationale: According to California MTUS guidelines on the criteria for the use of opioids, "Prophylactic treatment of constipation should be initiated." Colace is a stool softener used to make bowel movements softer and easier to pass and to treat or prevent constipation. As the continued use of opioids is not supported by guidelines, medical necessity of prophylactic treatment is also not supported. Further, the frequency of the dosing is not specified in the request. As such, medical necessity is not supported and the request for Colace 100mg #100 is not medically necessary.

Percocet 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76, 80.

Decision rationale: According to MTUS guidelines, on-going management of opioids consists of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." Guidelines also highlight that opioids should be continued "if the patient has returned to work." In this case, although the treating physician does quantifiably document pain relief with visual analog scale scores pre- and post-opioid use, there is no documentation of specific functional benefits in terms of activity levels like how long the patient is able to walk.

There is also no documentation of the results from the most recent urine drug screen performed to monitor compliance and screen for aberrant behavior, which is essential in this case with the patient's history of drug abuse. In addition, provided documentation has continually recommended tapering Percocet to determine how beneficial this medication is but there has been no attempt at tapering. Lastly, the frequency of dosing of this medication is not specified in the request. For these reasons, the ongoing use of chronic opioids is not supported by MTUS guidelines and the request is not medically necessary.