

Case Number:	CM14-0164449		
Date Assigned:	10/09/2014	Date of Injury:	05/22/2002
Decision Date:	11/04/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/06/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 71 year old male. Based on 09/08/14 progress report provided by [REDACTED], the patient complains of chronic low back pain. Physical examination to the lumbar spine reveals a well healed surgical scar. He has tenderness throughout the lower lumbar spine. Range of motion is decreased, especially on extension, which is minimal beyond neutral. He has lumbar degenerative disc disease and is status post lumbar fusion. His pain is rated 3-4/10 with medication and 8-9/10 without. Medications are beneficial without side effects. Patient can continue activities of daily living like walking and be functional. Patient has been taking Norco at least from progress report dated 08/01/13 -07/21/14. He was prescribed Percocet on 09/08/14. Diagnosis 09/08/14 are lumbar degenerative disc disease, lumbar radiculopathy, status post posterior lumbar fusion February 2012, radicular leg symptoms, improved post-surgery, chronic lumbar back pain, residual post-surgery with apparent failed fusion, coronary artery disease stable on medications, constipation related to medications, stable on Senoxin and docusate sodium, reactive depression controlled with Effexor and right foot pain resolved since surgery. [REDACTED] is requesting decision for Percocet 10/325mg #90. The utilization review determination being challenged is dated 09/26/14. The rationale is: "there was no discussion that Norco would be discontinued and Percocet added to the regimen." [REDACTED] is the requesting provider, and he provided treatment reports from 09/17/07 - 10/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88-89, 76-78, 8-9.

Decision rationale: The patient presents with chronic low back pain. The request is for decision for Percocet 10/325mg #90. He is status post posterior lumbar fusion February, 2012. His diagnosis dated 09/08/14 includes lumbar degenerative disc disease, lumbar radiculopathy, chronic lumbar back pain and residual post-surgery with apparent failed fusion. According to MTUS, pg. 8-9, "when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." For chronic opiate use, MTUS guidelines page 78 require documentation of the four A's (Analgesia, ADL's, Adverse side effects, Adverse drug seeking behavior), and "pain assessment" that include current pain level, average pain, least pain, time it takes for medication to be effective and duration of relief with medication. MTUS guidelines pages 88 and 89 also states: "Document pain and functional improvement and compare to baseline... Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." In this case, while the provider provides a general statement that patient can continue activities of daily living like walking and be functional with Norco; the four A's are not specifically addressed including discussions regarding aberrant drug behavior and specific ADL's, etc. The provider has not stated reason for adding Percocet to patient's regimen and whether he is stopping Norco. Given the lack of documentation as required by MTUS, therefore; this request is not medically necessary.