

Case Number:	CM14-0218195		
Date Assigned:	01/26/2015	Date of Injury:	11/22/2012
Decision Date:	03/19/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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

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:

This 62 year old man sustained an industrial injury on 11/22/2012 after a tree fell on him. Current diagnoses include depressive disorder; neuralgia, neuritis, and radiculitis; lumbago; pain in the thoracic spine; intervertebral disc disorder with myelopathy, lumbar region; and posttraumatic stress disorder. Treatment has included oral medications, psychotherapy, injections, chiropractic therapy, physical therapy, home exercise program, and TENS unit use. Physician notes dated 11/18/2014 show that the worker has continued with well controlled pain, however, has increased his Percocet intake to up to 5 tabs/day to accommodate for increased strain and use due to taking care of his wife after she had bilateral knee replacements. Recommendations included continuing engagement with all current treatments and therapies. On 12/2/2014, Utilization Review evaluated a prescription for Percocet 10/325 mg #120 that was submitted on 12/24/2014. The UR physician noted that the worker was prescribed Percocet long term and documentation supported appropriate use and functional improvement. However, there was a recent increase in the amount of Percocet used per day without a documented increase in pain rating. The MTUS, ACOEM (or ODG) Guidelines was cited. The request was modified and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Percocet 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Users of Opioids (6-months or more).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Medications for chronic pain Page(s): 60-61, 76-78, 88-89.

Decision rationale: According to the 12/02/2014 report, this patient presents with nerve pain in the right upper arm after crush trauma. The current request is for 1 prescription of Percocet 10/325mg #120 and this medication was first mentioned in the 01/28/2014 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is on 11/18/2014. The patient's work status was not mentioned. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "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 4A's; analgesia, ADLs, adverse side effects, and aberrant 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. In reviewing the provided reports, the treating physician indicates "there are quantitative measureable improvements in functional capacity, improved emotional well-being, improved quality of life. Patient has no significant adverse effect, shows no tendency toward overuse, abuse or addiction." In this case, the reports show documentation of pain assessment, pain ranging from 7-8/10 to 1-2/10 with medications. However, there is no demonstration of "significant" improvement in ADL's. The treater does not mention in what specific way the ADL's or functions are improved. Outcomes measures are not documented as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. The treating physician has failed to clearly document the 4 A's as required by MTUS. The request IS NOT medically necessary.