

Case Number:	CM15-0110576		
Date Assigned:	06/17/2015	Date of Injury:	06/28/2010
Decision Date:	07/15/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/08/2015

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: New Jersey, Alabama,

California

Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 injured worker is a 41 year old female who sustained an industrial injury on 06/28/2010. The injured worker was diagnosed with lumbar sprain/strain, lumbago, right lumbar facet arthropathy and lumbar disc protrusion. Treatment to date has included conservative measures, physical therapy, facet joint injections, radiofrequency nerve ablation at right L4-L5 and L5-S1 and medications. According to the primary treating physician's progress report on April 16, 2015, the injured worker continues to experience right low back pain radiating into the right buttock. Examination demonstrated restricted range of motion in all planes and tenderness to palpation of the right lumbar paraspinal muscles overlying L3-L5 and the sacroiliac joints. Lumbar extension was worse than lumbar flexion. Lumbar facet joint maneuvers were positive. Sacroiliac provocative maneuvers were negative bilaterally except for positive right Gaenslen's, Patrick's maneuver and shear signs. Nerve root tension signs were negative bilaterally with positive right straight leg raise, cross straight leg raise, reverse straight leg raise and sitting roots signs. Muscle strength and sensation of the bilateral lower extremities were intact. The injured worker reports running out of medications due to increased pain and taking more than the prescribed amount of medications. Current medications are listed as Percocet and Tizanidine. The injured worker continues to work full time with modified duties. Treatment plan consists of performing the authorized repeat right L4-5 and L5-S1 facet joint radiofrequency nerve ablation, continuing with medication regimen, urine drug screening and the current request for Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, quantity: 120: 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 Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." The patient have been using opioids for long time without recent documentation of full control of pain and without any documentation of functional or quality of life improvement. There is no clear documentation of patient's improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with a previous use of narcotics. Therefore the prescription of Percocet 10/325mg #120 is not medically necessary.