

Case Number:	CM15-0115812		
Date Assigned:	06/24/2015	Date of Injury:	11/17/2000
Decision Date:	07/24/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/16/2015

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 48 year old male, who sustained an industrial injury on November 17, 2000. He reported that he fell and injuring his head, neck, back, right wrist, and right knee. The injured worker was diagnosed as having cervical pain, low back pain, and knee pain. Diagnostic studies to date have included MRIs, x-rays, a bone scan, urine drug screening, and electrodiagnostic studies. On April 14, 2015, the urine drug screening did not detect opiates. Treatment to date has included physical therapy, chiropractic therapy, acupuncture, ice, heat, a transcutaneous electrical nerve stimulation (TENS) unit, wrist casting, cervical and lumbar epidural steroid injections, right knee steroid injection, and medications including opioid analgesics, muscle relaxant, topical analgesic, non-steroidal anti-inflammatory, and antidepressant. Comorbid diagnoses included history of asthma and arthritis. He is not currently working. On May 12, 2015, the treating physician noted the injured worker was seen for neck, lower back, and right knee pain. The injured worker's pain was rated: 5.5/10 with medications and 10/10 without medications. On April 14, 2015, the injured worker was started on Percocet as his prior opioid medication (Norco) had been denied by workers compensation. Associated symptoms include poor sleep quality and a decreased activity level. He reported his medications have been denied at the pharmacy. The cervical spine exam revealed restricted range of motion due to pain and hypertonicity, spasm, and tenderness of the bilateral paravertebral muscles. There was tenderness of the trapezius and absent reflexes of the bilateral upper extremities. The lumbar spine exam revealed restricted range of motion with pain. There was hypertonicity, spasm, and tenderness of the bilateral paravertebral muscles. Heel and toe walking was normal.

There was positive bilateral lumbar facet loading and negative straight leg raise and Faber testing. The bilateral ankle and patellar jerks were negative. The right knee exam revealed tenderness to palpation over medial joint line and positive crepitus with McMurray's test. The motor exam was normal except for decreased strength of the left shoulder, the bilateral extensor hallucis longus muscles, and the left hip flexor. The sensory exam of the extremities was normal. The treatment plan includes continuing the Percocet. Requested treatments include: Percocet 5/325 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management, Opioids.

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 has been using opioids for a long time without recent documentation of pain control and without any documentation of functional or quality of life improvement. There is no clear documentation of patient 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. There is no justification for the request for 2 opioids (Norco). Therefore, the prescription of Percocet 5/325mg #60 is not medically necessary.