

Case Number:	CM15-0128460		
Date Assigned:	07/14/2015	Date of Injury:	06/13/2008
Decision Date:	08/17/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/02/2015

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: California, Hawaii
 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:

The injured worker was a 48 year old male, who sustained an industrial injury, June 13, 2008. The injured worker previously received the following treatments Percocet, Lyrica, Fentanyl patches and psychiatric associates. The injured worker was diagnosed with lumbar degenerative disc disease, lumbar stenosis, low back pain, depression, and chronic pain syndrome and dysthymic disorder. According to progress note of May 26, 2015, the injured worker's chief complaint was low back pain with radiating in to the left leg. The pain level without pain mediation was 7 out of 10 and with pain medications 4 out of 10. The pain was worse by standing, bending and lifting. The pain was made better by lying down, mediations and physical therapy. The physical exam noted tenderness and decreased range of motion of the lumbar spine secondary to pain. The lower extremity strength was 5 out of 5 bilaterally. The straight leg raises were positive on the left. There was altered sensation in the left posterior thigh. The injured worker ambulated with a slightly antalgic gait. The injured worker had a normal heel to toe progression. The treatment plan included prescription 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 QTY 45 for 30 days supply: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Take Before a Therapeutic Trial of Opioids Opioids, criteria for use Opioids, specific drug list Page(s): 76-78, 43, 74, 80, 86, 91, 124. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (web: updated 4/30/2015), Opioids for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient has continued complaints of chronic low back pain and left leg pain. The current request is for Percocet 10/325mg QTY 45 for 30 days supply. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The 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 for documentation of the clinical use of these controlled drugs. In this case, there is clear documentation of moderate to severe pain. The attending physician report dated 5/19/15 page 78 (B) clearly addresses the 4 A's of opiate pain management. The records indicate decreased pain with the medication and improved functional benefit during ADLs, grocery shopping, dressing, and sleeping. An opioid agreement has been signed and the patient has agreed to receive his medication from one provider. There are no adverse side effects or aberrant behaviors noted. The current request is medically necessary as it is supported by medical records provided for review.