

Case Number:	CM15-0027552		
Date Assigned:	02/19/2015	Date of Injury:	03/04/1997
Decision Date:	04/01/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/13/2015

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

Certification(s)/Specialty: Family Practice

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 49 year old female sustained an industrial injury on 3/4/97, with subsequent ongoing low back pain. Magnetic resonance imaging lumbar spine (9/26/14) showed disc desiccation with disc bulge and foraminal stenosis. In a progress note dated 2/2/15, the injured worker complained of pain in bilateral legs, right buttock, right low back and right ankle and foot, 4-9/10 on the visual analog scale. Physical exam was remarkable for tenderness to palpation to the lumbar spine with maximum tenderness over the lumbosacral junction with trigger points in the right lumbar latissimus dorsi. Current diagnoses included post-laminectomy syndrome, lumbar radiculopathy, chronic low back pain, lumbar spine degenerative disc disease and lumbar spine facet degeneration. The treatment plan included rotating from Norco to Percocet due to tolerance. The physician noted choosing to rotate to Percocet for now as a trial and re-assessing the next week. The treatment plan included also included an epidural steroid injection and daily stretching. On 2/12/15, Utilization Review noncertified a request for Percocet 10/325mg, Qty. 49, citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, Qty. 49: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Guidelines state that for a therapeutic trial of opioids, there needs to be no other reasonable alternatives to treatments that haven't already been tried, there should be a likelihood that the patient would improve with its use, and there should be no likelihood of abuse or adverse outcome. Before initiating therapy with opioids, the MTUS Chronic Pain Guidelines state that there should be an attempt to determine if the pain is nociceptive or neuropathic (opioids not first-line therapy for neuropathic pain), the patient should have tried and failed non-opioid analgesics, goals with use should be set, baseline pain and functional assessments should be made (social, psychological, daily, and work activities), the patient should have at least one physical and psychosocial assessment by the treating doctor, and a discussion should be had between the treating physician and the patient about the risks and benefits of using opioids. Initiating with a short-acting opioid one at a time is recommended for intermittent pain, and continuous pain is recommended to be treated by an extended release opioid. Only one drug should be changed at a time, and prophylactic treatment of constipation should be initiated. The MTUS Chronic Pain Medical Treatment Guidelines also state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence to suggest this full review was completed in order to justify continuation of any opioid medication. The choice to initiate Percocet and alternate days with Norco, in the opinion of the reviewer, is not going to solve the problem of tolerance to opioids in the long run. Therefore, considering there was insufficient reporting of specific functional gains directly related to her other opioids, adding another opioid cannot be justified, and the Percocet will be considered medically unnecessary.