

Case Number:	CM15-0067692		
Date Assigned:	04/15/2015	Date of Injury:	05/03/2005
Decision Date:	05/20/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/10/2015

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

Certification(s)/Specialty: Internal 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 53 year old female with an industrial injury dated 05/03/2005. Her diagnosis includes chronic lower back pain status post anterior fusion of lumbar 4-5 and lumbar 5-sacral 1, failed back surgery syndrome, left lumbar 4-5 radiculopathy and depression and anxiety. Prior treatment includes spinal surgery, medications and treatment with her psychiatrist. She presents on 02/05/2015 with back pain which she describes as 5/10 on the average and 9/10 without medications. Physical exam revealed tenderness to palpation across the lower back. There was decreased lumbar spine range of motion. The provider documents there is no change with the injured worker's back pain pattern. The treatment plan consisted of continuing current medications, follow up with her psychologist and psychiatrist for depression, topical cream and return for recheck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10-325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 3 Initial Approaches to Treatment Page(s): 47-48, 308-310, Chronic Pain Treatment Guidelines Opioids Page 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. MTUS Chronic Pain Medical Treatment Guidelines recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day. Immediate discontinuation has been suggested for evidence of illegal activity including diversion. 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 nonadherent) 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). Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines indicate that the long-term use of opioids is not recommended for low back conditions. Medical records document the long-term use of opioids. Per MTUS, the lowest possible dose of opioid should be prescribed. The primary treating physician's progress report dated February 5, 2015 documented a history of lumbosacral spine surgery on September 29, 2008. ACOEM guidelines indicate that the long-term use of opioids is not recommended for low back conditions. Percocet 10/325 mg #120 was requested on March 5, 2015. The corresponding progress report was not present in the submitted medical records. Without the progress report from March 5, 2015, the request for Percocet 10/325 mg cannot be endorsed. The urine drug screen collected on December 6, 2014 was positive for Amphetamine and a metabolite of Ethanol, which is potentially aberrant. The request for Percocet 10/325 mg #120 is not supported by MTUS guidelines. Therefore, the request for Percocet 10/325 mg is not medically necessary.