

Case Number:	CM15-0068109		
Date Assigned:	04/15/2015	Date of Injury:	02/18/2009
Decision Date:	05/27/2015	UR Denial Date:	04/07/2015
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: 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:

This 54 year old man sustained an industrial injury on 2/18/2009. The mechanism of injury is not detailed. Diagnoses include worsening chronic pain syndrome, worsening cervical spine herniated nucleus pulposus, cervical radiculitis, worsening lumbar spine herniated nucleus pulposus, lumbar spine radiculitis, hip fracture, headache, shoulder internal derangement, and associated insomnia. Treatment has included oral and topical medications and acupuncture. Physician notes dated 4/7/2015 show complaints of headaches, jaw and face pain, bilateral shoulder pain, neck and low back pain, left hip, and left stump pain. Recommendations include decrease Lunesta, left hip consultation, psychiatric consultation, right shoulder surgery, wean Percocet, decrease Viagra, Sonata trial, Lyrica, Prilosec, Cymbalta, Lidoderm patch, stop Amrix, Lorzone, endocrinology consultation, urine drug screen, and follow up in four to six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

Decision rationale: Based on the 04/08/15 progress report provided by treating physician, the patient presents with pain to jaw/face, bilateral shoulder, neck, low back, left hip, and left stump, rated 5/10. The request is for Percocet 10/325MG #180. Patient is status post total right hip revision 2010, left carpal tunnel release, date unspecified, stump neuroma resection 2012, right shoulder arthroscopy 2012, and jaw/facial reconstruction 2015. Patient's diagnosis per Request for Authorization form dated 04/10/15 includes chronic pain syndrome, and hip fracture. Treatment to date included imaging studies, acupuncture and medications. Patient's medications include Percocet, Lyrica, Lunesta, Viagra, Prilosec, Cymbalta, Amrix, and Lidoderm patch. The patient is temporarily partially disabled, per 04/08/15 treater report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Percocet has been included in patient's medications, per treater reports dated 04/08/14, 12/17/14, and 03/09/15. Per 04/08/15 progress report, treater states that medication decreases pain "Oswetry without meds: 70%, Oswetry with meds: 58% (this lower score documents increased function)." "No adverse effects" and "no indication of aberrant drug-taking behaviors." "Recent CURES report has been reviewed. The patient signed a medication agreement." The patient "has completed a risk assessment utilizing the 'COMM' a validated instrument" and "scored a 14 indicating a low risk for opiate use." UDS dated 01/21/15 was positive for Percocet, confirming compliance. In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales as well as validated instruments; and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request is medically necessary.