MAXIMUS Federal Services

Case Number:	CM15-0070654		
Date Assigned:	04/16/2015	Date of Injury:	07/25/1997
Decision Date:	06/11/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/20/2015

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:

The injured worker is a 64 year old female, who sustained an industrial injury on July 25, 1997. The injured worker has been treated for neck and back complaints. The diagnoses have included chronic pain state, involving the neck, upper and lower back and upper and lower extremities, sleep disorder, anxiety and depression. Treatment to date has included medications, massage, a transcutaneous electrical nerve stimulation unit and a home weight loss program. Current documentation dated February 12, 2015 notes that the injured worker continued to have chronic pain, which the pain medication Percocet controlled reasonably well. No detailed physical examination of the neck or back was provided. The treating physician's plan of care included a request for Percocet 10/325mg #60 number of refills not specified, for chronic neck and back pain as an out-patient and Percocet 10/325mg # 60 (do not dispense until 03/12/15), number of refills not specified, for chronic neck and back -pain as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, 1 tab every 6-8 hours as needed pain, Qty 60, number of refills not specified, for Chronic Neck and Back Pain, as an out-patient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents on 02/12/15 with unspecified pain and decrease in functional capacity attributed to a lack of medications (which have been denied), and associated loss of sleep secondary to pain. The patient's date of injury is 07/25/97. Patient has no documented surgical history directed at this complaint. The request is for Percocet 10/325mg, 1 tab every 6-8 hours as needed pain qty: 60 number of refills not specified for chronic neck and back pain, as an outpatient. The RFA is not provided. Progress note dated 02/12/15 does not provide any detailed physical findings; only a report that the patient is "rather depressed appearing." The patient is currently prescribed Alendronate, Fluocinonide cream, ProAir, Ventolin, Simvistatin, Diphenhydramine, Xopenex, Levothyroxine, Zolpidem, Tramadol, and Percocet. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines, page 88-89 Criteria For the Use of Opioids for Long-term Users of Opioids (6-months or more) 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, Therapeutic trial of opioids, section on On-Going Management 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. In regard to the continued use of Percocet for the management of this patient's chronic pain, the requesting provider has not provided adequate documentation of analgesia. This patient has been taking Percocet since at least 04/04/14. The subsequent progress reports do document pain reduction and functional improvement, but do not provide specific analgesia using a validated scale or provide activity-specific functional improvements. Most recent progress note, dated 02/12/15 does not provide any specific descriptions of medication efficacy, or specific functional improvements. There is no discussion of a lack of aberrant behavior or consistent urine drug screens to date, either. Without documentation of analgesia using a validated instrument, specific functional improvements, a lack of aberrant behavior, and consistent urine drug screens; continuation of this medication cannot be substantiated. Owing to a lack of 4A's as required by MTUS, the request is not medically necessary.

Percocet 10/325mg, 1 tab every 6-8 hours as needed pain, Qty 60 (do not dispense until 03/12/15), number of refills not specified, for Chronic Neck and Back Pain, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents on 02/12/15 with unspecified pain and decrease in functional capacity attributed to a lack of medications (which have been denied), and associated loss of sleep secondary to pain. The patient's date of injury is 07/25/97. Patient has no documented surgical history directed at this complaint. The request is for Percocet 10/325mg, 1 tab every 6-8 hours as need pain, qty 60 (do not dispense until 03/12/15) number of refills not specified for chronic neck and back pain as an outpatient. The RFA is not provided. Progress note dated 02/12/15 does not provide any detailed physical findings; only a report that the patient is "rather depressed appearing." The patient is currently prescribed Alendronate, Fluocinonide cream, ProAir, Ventolin, Simvistatin, Diphenhydramine, Xopenex, Levothyroxine, Zolpidem, Tramadol, and Percocet. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines, page 88-89 Criteria For the Use of Opioids for Long-term Users of Opioids (6-months or more) 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, Therapeutic trial of opioids, section on On-Going Management 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. In regard to the prospective request of Percocet for the management of this patient's chronic pain, the requesting provider has not provided adequate documentation of analgesia. This patient has been taking Percocet since at least 04/04/14. The subsequent progress reports do document pain reduction and functional improvement, but do not provide specific analgesia using a validated scale or provide activity-specific functional improvements. Most recent progress note, dated 02/12/15 does not provide any specific descriptions of medication efficacy, or specific functional improvements. There is no discussion of a lack of aberrant behavior or consistent urine drug screens to date, either. Without documentation of analgesia using a validated instrument, specific functional improvements, a lack of aberrant behavior, and consistent urine drug screens; continuation of this medication cannot be substantiated. Owing to a lack of 4A's as required by MTUS, the request is not medically necessary.