

Case Number:	CM15-0074566		
Date Assigned:	04/24/2015	Date of Injury:	11/05/2004
Decision Date:	05/27/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/20/2015

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: Ohio, North Carolina, Virginia
 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:

The injured worker is a 61 male year old male, who sustained an industrial injury on 11/05/2004. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having low back pain/lumbago. Treatment to date has included a medication regimen. In a progress note dated 03/16/2015 the treating physician reports of constant back pain with a baseline pain score of four to five and a limited range of motion to the lumbar spine secondary to pain. The treating physician requested the medications of Percocet 10/325mg tablets with a quantity of 120, Oxycontin 10 mg tablets with a quantity of 60, and Oxycontin 40mg tablets with a quantity of 60, but the documentation provided did not indicate the specific reason for these requested medications.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement definition and Opioids Page(s): 1 and 74-96.

Decision rationale: Those patients prescribed opioids chronically require ongoing assessment of pain relief, functionality, medication side effects, and monitoring for aberrant drug taking behavior. Opioids may generally be continued when there is improvement in pain and functionality. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. Pain levels should be assessed at each visit and functionality should be measured every 6 months with a validated measurement tool. Questions regarding pain should include least pain, average pain, worst pain, duration of analgesia from medication, and time to onset of analgesia for pain medication. Those prescribed greater than 120 morphine equivalents of opioids daily should be monitored by a pain management physician. In this instance, pain scores are not done at each visit. There is no evidence of improved functionality as a consequence of the opioids. No urine drug screens are submitted for review. There is no mention of pharmacy database inquiries i.e. CURES. The daily morphine equivalency of the prescribed opioids exceeds 120 milligram per day and the prescribing physician is listed as being a Family Practitioner, not a pain management specialist. Consequently, the documentation for continued opioids is not established. Percocet 10/325 mg 10/325 mg #120 is not medically necessary and appropriate. The treating physician should consult appropriate guidelines for weaning.

Oxycontin 40mg and 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Those patients prescribed opioids chronically require ongoing assessment of pain relief, functionality, medication side effects, and monitoring for aberrant drug taking behavior. Opioids may generally be continued when there is improvement in pain and functionality. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. Pain levels should be assessed at each visit and functionality should be measured every 6 months with a validated measurement tool. Questions regarding pain should include least pain, average pain, worst pain, duration of analgesia from medication, and time to onset of analgesia for pain medication. Those prescribed greater than 120 morphine equivalents of opioids daily should be monitored by a pain management physician. In this instance, pain scores are not done at each visit. There is no evidence of improved functionality as a consequence of the opioids. No urine drug screens are submitted

for review. There is no mention of pharmacy database inquiries i.e. CURES. The daily morphine equivalency of the prescribed opioids exceeds 120 milligram per day and the prescribing physician is listed as being a Family Practitioner, not a pain management specialist. Consequently, the documentation for continued opioids is not established. Therefore, Oxycontin 40 mg and 10 mg #60 each is not medically necessary and appropriate. The treating physician should consult appropriate weaning guidelines.