MAXIMUS Federal Services

Case Number:	CM15-0075134		
Date Assigned:	04/27/2015	Date of Injury:	11/10/2010
Decision Date:	06/04/2015	UR Denial Date:	03/19/2015
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: California
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 46-year-old female, who sustained an industrial injury on November 10, 2010. The mechanism of injury was a motor vehicle accident while working as a bus driver. The injured worker has been treated for neck and low back complaints. The diagnoses have included cervical radiculopathy, cervical disc extrusion, cervical stenosis, cervical facet joint pain, lumbar disc protrusion, lumbar facet joint pain and lumbar facet joint arthropathy. Treatment to date has included medications, radiological studies, electrodiagnostic studies, physical therapy, chiropractic treatments and injections. Current documentation dated March 3, 2015 notes that the injured worker reported bilateral neck pain radiating to the left triceps and left dorsal forearm. Examination of the cervical spine revealed tenderness to palpation of the paraspinal muscles. The examination also noted cervical spasms and a painful and restricted range of motion in all directions. Spurling's maneuver and a nerve root tension test were negative bilaterally. Strength of the bilateral extremities was noted to be 5/5. The treating physician's plan of care included a request for the medication Percocet 10/325 mg # 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120 as prescribed on 3/5/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management; Opioids, specific drug list; Weaning of Medications Page(s): 78-80, 92, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 80.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including Percocet. These guidelines have established criteria of the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the "4 A's for Ongoing Monitoring". These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 A's for Ongoing Monitoring". The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. There is insufficient evidence to support the efficacy of Percocet as a long-term treatment strategy for this patient. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Treatment with Percocet is not medically necessary.