

Case Number:	CM15-0078201		
Date Assigned:	04/29/2015	Date of Injury:	05/23/2006
Decision Date:	06/01/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/23/2015

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 66 year old male, who sustained an industrial/work injury on 5/23/06. He reported initial complaints of back pain. The injured worker was diagnosed as having lumbago and sciatica. Treatment to date has included medication, epidural steroid injection, transcutaneous electrical nerve stimulation (TENS) unit, physical therapy, and home exercise program. Currently, the injured worker complains of low back pain with radiation to both lower extremities. Per the primary physician's progress report (PR-2) on 3/24/15, exam reveals moderate distress, mild loss of lordosis, mild deficit in strength secondary to guarding with distal strength normal, intact bilaterally, gait and sensation are intact. Current plan of care included taper. The requested treatments include Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5mg (unspecified qty): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opioids.

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 with pain and weakness in his lower back and lower extremity. The request is for PERCOCET 5MG, UNSPECIFIED QANTITY. Per 03/24/15 progress report, the patient is currently utilizing Soma, Gabapentin and Percocet. He was previously on Norco. Work status is unknown. Regarding chronic opiate use, MTUS guidelines page 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. The review of the reports does not show any discussion specific to this medication other than the request. The 4 A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement; no urine toxicology, CURES reports showing opiate monitoring. Furthermore, the current request is without quantity of Percocet. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request IS NOT medically necessary.