

Case Number:	CM15-0091066		
Date Assigned:	05/15/2015	Date of Injury:	06/10/2010
Decision Date:	06/18/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/11/2015

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: New Jersey
 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 57-year-old male with an industrial injury dated 6/10/2010. The injured worker's diagnoses include status post revision lumbar spinal fusion, evidence of continued giving out and /or weakness of the right lower extremity, dental trauma and possible depression. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 4/16/2015, the injured worker reported low back and right ankle pain. The injured worker rated his pain a seven with rest and an eight with activity. The injured worker also reported that he is still having a lot of pain with prescribed Lidoderm patches and that he went to the emergency room and was treated with Percocet with good response. Documentation noted that the injured worker would like some more Percocet. Physical exam was deferred. Treatment plan consisted of medication management, psychologist recommendation, diagnostic studies and follow-up evaluation. The treating physician prescribed Percocet 5/325mg #30 with 1 refill and Tylenol No.3 #60 with 1 refill now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Oxycodone/acetaminopen (Percocet; generic available) Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Guidelines state that for a therapeutic trial of opioids, there needs to be no other reasonable alternatives to treatments that have not already been tried, there should be a likelihood that the patient would improve with its use, and there should be no likelihood of abuse or adverse outcome. Before initiating therapy with opioids, the MTUS Chronic Pain Guidelines state that there should be an attempt to determine if the pain is nociceptive or neuropathic (opioids not first-line therapy for neuropathic pain), the patient should have tried and failed non-opioid analgesics, goals with use should be set, baseline pain and functional assessments should be made (social, psychological, daily, and work activities), the patient should have at least one physical and psychosocial assessment by the treating doctor, and a discussion should be had between the treating physician and the patient about the risks and benefits of using opioids. Initiating with a short-acting opioid one at a time is recommended for intermittent pain and continuous pain is recommended to be treated by an extended release opioid. Only one drug should be changed at a time, and prophylactic treatment of constipation should be initiated. In the case of this worker, who had tried many forms of treatment for his chronic pain, there is a history of him using Percocet that was later recommended to him by his provider to wean off of it. There was no information found in the recent documentation to suggest staying on Percocet, restarted by an emergency medicine physician, was appropriate. In addition, because this would be considered restarting opioids, there was insufficient documentation to show which goals were to be achieved with the addition of Percocet. Therefore, considering the factors above, the request is not medically necessary.

Tylenol No.3 #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Guidelines state that for a therapeutic trial of opioids, there needs to be no other reasonable alternatives to treatments that have not already been tried, there should be a likelihood that the patient would improve with its use, and there should be no likelihood of abuse or adverse outcome. Before initiating therapy with opioids, the MTUS Chronic Pain Guidelines state that there should be an attempt to determine if the pain is nociceptive or neuropathic (opioids not first-line therapy for neuropathic pain), the patient should have tried and failed non-opioid analgesics, goals with use should be set, baseline pain and functional assessments should be made (social, psychological, daily, and work activities), the patient should have at least one physical and psychosocial assessment by the treating doctor, and a discussion should be had between the treating physician and the patient about the risks and benefits of using opioids. Initiating with a short-acting opioid one at a time is recommended for

intermittent pain and continuous pain is recommended to be treated by an extended release opioid. Only one drug should be changed at a time, and prophylactic treatment of constipation should be initiated. In the case of this worker, who had tried many forms of treatment for his chronic pain, there is a history of him using multiple opioids. More recently, Tylenol #3 was recommended to him by his provider. There was no information found in the recent documentation to suggest staying on Tylenol #3, started by an emergency medicine physician, was appropriate. Opioids were previous weaned off, and there was no clear indication to restart another opioid before considering other treatments in this setting. In addition, because this would be considered restarting opioids, there was insufficient documentation to show which goals were to be achieved with the addition of Tylenol #3. Therefore, considering the factors above, the request is not medically necessary.