

Case Number:	CM13-0066329		
Date Assigned:	01/03/2014	Date of Injury:	11/12/2004
Decision Date:	04/11/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/16/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a [REDACTED] employee who has filed a claim for chronic low back pain associated with an industry injury of November 12, 2004. Thus far, the patient has been treated with physical therapy, injections, low back surgery, chiropractic therapy, massage therapy, muscle relaxants, Gabapentin, and opioid and non-opioid analgesics. Patient notes persistent low back pain with significant improvement of lower extremity symptoms after surgery. Patient's condition is deemed permanent and stationary. Percocet has been prescribed to patient since March 2013 for management of breakthrough pain, currently at a dosing regimen of 10/325mg 1 tablet every 3 hours as needed. Concurrent medications include Celebrex 200mg, Gabapentin 600mg, and Robaxin 750mg; methadone was recently discontinued. Review of progress notes show that weaning from medications has been initiated due to chronic use and lack of recent improvements in functionality. There is continued monitoring of medication use through urine drug screens. Patient has been experiencing persistent severe low back pain symptoms with significant difficulty performing activities of daily living despite initial surgery and use of high-dose opioid analgesics. Review of progress notes from 2012 to 2013 show suspicion for surgery complications preventing removal of the hardware, producing significant low back pain symptoms. A CT scan of the low back obtained in March 01, 2013 showed no significant changes from previous CT scans in 2011 and 2012. Although maintained at a tolerable level, medical and physical therapy modalities have only provided minimal relief of symptoms in the patient. The patient is thus deemed a candidate for a surgical revision procedure. In a utilization review report of December 04, 2013, the claims administrator denied a request for CT scan of the lower back, and modified a request for Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF PERCOCET 10/325MG #180 BETWEEN 11/19/2013 AND 01/31/2014: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

Decision rationale: As noted on page 79-81 of the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient is being slowly weaned from long-term opioid therapy with Percocet and Methadone due to lack of efficacy. Continuation of the weaning process while maintaining a tolerable level of pain is medically necessary until the revision surgery is performed. Current request for Percocet of 180 tablets for a period of greater than two months is consistent with a continued decrease in daily opioid dose from the previous amount. Therefore, the request for Percocet 10/325mg #180 was medically necessary.

PROSPECTIVE REQUEST FOR 1 CT SCAN OF THE LOWER BACK BETWEEN 11/19/2013 AND 01/31/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004)

Decision rationale: As noted on pages 303-304 of the MTUS ACOEM Guidelines and ODG, the criteria for lumbar CT include lumbar spine trauma with neurological deficit; or traumatic or infectious myelopathy; or to evaluate a pars defect not identified on plain x-rays; or to evaluate successful fusion if plain x-rays do not confirm fusion. In this case, although the patient is a candidate for revision surgery, there is no documentation of any neurological deficits or new onset symptoms in the patient after the latest CT scan performed on March 2013. A change or progression in neurologic findings would necessitate repeat imaging; such was not documented. Therefore, the request for CT scan of the lower back was not medically necessary per the guideline recommendations of MTUS and ODG.