

Case Number:	CM14-0014037		
Date Assigned:	02/26/2014	Date of Injury:	12/17/1999
Decision Date:	10/01/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	02/03/2014

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 Illinois. 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 injured worker is 64 year old male who reported an injury on 12/17/1999; the mechanism of injury was not indicated. The injured worker had diagnoses including low back pain, left lower extremity radiculopathy with numbness and weakness in the left lower extremity and cervical spine sprain/strain with multilevel cervical degenerative disc disease. Prior treatments included medication. A urine drug screen was performed on 06/06/2014 which was positive for oxycodone, oxymorphone and noroxycodone, which was consistent with the injured worker's prescribed medication regimen. Diagnostic studies were not provided within the medical records. The injured worker underwent lumbar laminectomy and discectomy at L4-L5 and L5-S1. The injured worker complained of low back pain that radiated to both lower extremities which felt like severe burning and acute electrical lancinating pain. The injured worker rated his pain 5/10 with medication. The clinical note date 06/06/2014 noted there was moderate tenderness to palpation of the bilateral lumbosacral junction. Lumbar spine range of motion demonstrated flexion to 50 degrees, extension to 5 degrees, right lateral flexion to 15 degrees, and lateral flexion to 10 degrees. The injured worker had a negative straight leg raised bilaterally. He was slightly analgesic with single point cane. The injured worker's strength to the anterior tibialis on the left was 4/5 and 5/5 on the right, strength to the peroneus longus/brevis on the left was 4/5 and on the right was 5/5, extensor hallucis longus strength on the left was 3/5 and on the right was 5/5. Medications included Norco, percocet, and lideoderm. The treatment plan included a recommendation for percocet 5/325mg #60 one refill for the purpose of weaning to discontinue over a weaning period of 2-3 months. The rationale for the request was to lessen his pain the lower back. The request for authorization was not provided within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325 mg. # 60 one refill for the purpose of weaning to discontinue over a weaning period of 2-3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 124.

Decision rationale: The California MTUS guidelines note when weaning opioid medications, a slow taper is recommended to lessen withdrawal symptoms. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. The request as submitted does not reflect a decrease in the amount of medication being provided. It does not appear the amount of medication has been decreased in order to facilitate weaning. The request Percocet 5/325 mg#60 one refill for the purpose of weaning to discontinue over a weaning period of 2-3 months is not medically necessary.