

Case Number:	CM14-0017745		
Date Assigned:	04/16/2014	Date of Injury:	12/16/2010
Decision Date:	06/03/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/12/2014

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 and 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 59-year-old male who was injured on 12/16/2010 while he was pushing a cart, estimated to weigh 400-500 pounds, when the wheels of the cart became stuck in a crack in the cement. The cart came to a sudden stop, jerking the patient and he experienced sharp pain in his low back. Prior treatment history has included the patient undergoing the following surgery: Lumbar laminectomy L4, L5, partial facetectomy and foraminotomies, L5-S1 with excision of synovial cyst at L5-S1, surgeon use of intraoperative C-arm fluoroscopy. The patient's medications have consisted of the following: Meloxicam, OxyContin, Percocet oral, Theramine, Trepadone, and Treoxicam. The diagnostic studies reviewed include x-ray of the lumbar spine revealing status post anterior fusion at L5 and S1, uncomplicated. A urine drug toxicology report dated 07/20/2012 detected positive findings for oxycodone, noroxycodone, oxymorphone, ethyl glucuronide, and ethyl sulfate. Progress report dated 01/28/2014 documented the patient with complaints of pain currently located in the lower back and radiating to the legs, aggravated more to the left with numbness, tingling, burning and aching. The patient states pain medications and resting alleviates the pain. Without pain medications his pain level would be 9/10 and with pain medications his level is 7/10. The patient states he has no side effects and has had a functional improvement in his activities of daily living (ADLs) as he is able to walk more, sleep better, grocery shop and clean his house. His current pain medications cover about 51-60% of the current discomfort. His current pain level is 6/10. He claims an average daily pain level of 6/10 with worst being 10/10 and best 5/10. Progress report dated 01/31/2014 documented the patient with complaints of low back pain. Objective findings on exam revealed examination of the lumbosacral spine showed no tenderness, spasm or limitation to range of motion. Straight leg raise was negative. No scars present. Motor examination right lower extremity strength was normal with no atrophy as well as the left lower extremities. Deep tendon reflexes trace 1+

bilaterally. Sensation to light touch is intact in the extremities. Pinprick sensation is intact. The assessment includes: arthropathy, unspecified, sprains and strains of other and unspecified parts of back, and post-laminectomy syndrome, lumbar region. The plan includes: Percocet 10/325 mg, Meloxicam 15 mg, and OxyContin 80 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325MG #180 X 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 80.

Decision rationale: According to the CA MTUS guidelines, Percocet "opioid shot acting" in chronic back pain is recommended for short-term pain relief, the long-term efficacy is unclear (>16 weeks), but also appears limited. The medical records document the patient had complained of low back pain with radiculopathy. The patient is status post laminectomy L4, L5. In the absence of documented significant improvement of pain and function on the requested medication, the request is not medically necessary according to the MTUS guidelines.

OXYCONTIN 80MG #90 X 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 80.

Decision rationale: According to the CA MTUS guidelines, Oxycontin "opioid Long acting" in chronic back pain is recommended for short-term pain relief, the long-term efficacy is unclear (>16 weeks), but also appears limited. The medical records document the patient had complained of low back pain with radiculopathy. The patient is status post laminectomy L4, L5. In the absence of documented significant improvement of pain and function on the requested medication, the request is not medically necessary according to the MTUS guidelines.