

Case Number:	CM14-0052360		
Date Assigned:	07/09/2014	Date of Injury:	03/01/2010
Decision Date:	08/26/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/21/2014

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 Geriatrics and is licensed to practice in New York. 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 a 72 year old man with a date of injury of 3/1/10. He was seen by his primary treating physician on 3/10/14 with complaints of low back pain with radiation down his right leg. He was said to be unchanged since the last visit with poor sleep. He was taking his medications as prescribed with no side effects. He reported no improvement in pain with cymbalta. His medications included cymbalta and percocet. He is status post lumbar MRI showing mild to moderate right L4-5 and L5-S1 foraminal narrowing with nerve root impairment as well as numerous epidural injections at L4, L5, S1. His physical exam showed a left sided antalgic gait. His range of motion was restricted with positive facet loading bilaterally and positive left straight leg raise. He had paravertebral muscle spasm and tenderness. His lower extremity motor exam was 5-/5 on the left with decreased to light touch sensation in L4-5 dermatomes bilaterally. His diagnoses included lumbar radiculopathy and disc degeneration, knee pain and pain in joint lower leg. He completed 12 physical therapy sessions and was using a TENS unit. The plan was to stop his neurontin, increase his cymbalta and decrease his percocet. The percocet is at issue in this review and appears to be a long-term prescription.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Chronic Pain; Opioids/Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: This 72 year old injured worker has chronic back pain with an injury sustained in 2010. His medical course has included numerous diagnostic and treatment modalities including long-term use of narcotics . In opiod use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 3/14 fails to document any significant improvement in pain to justify long-term use. Additionally, the long-term efficacy of opiods for chronic back pain is unclear but appears limited and his cymbalta is being increased to better target his neuropathic pain. The medical necessity for percocet is not substantiated in the medical records.