

Case Number:	CM14-0067473		
Date Assigned:	07/14/2014	Date of Injury:	07/10/2011
Decision Date:	09/19/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/12/2014

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, has a subspecialty in Pain Management, and is licensed to practice in California and Washington. 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 48-year-old who reported injury on July 10, 2011 caused by an unspecified mechanism. The injured worker's treatment history included MRI, medications, facet joint radiofrequency nerve ablation, and facet joint medial branch block. The injured worker was evaluated on May 8, 2014 and the injured worker complained of right low back pain radiating to the right buttock, right posterior thigh, right posterior calf, and right Achilles area, lower worse than upper. The injured worker's Percocet 10/325 mg was denied. Physical examination revealed there was tenderness upon palpation of the right cervical paraspinal muscles overlying the C2-5 facet joints and lumbar paraspinal muscles overlying the right L3-S1 facet joints. Lumbar ranges of motion was restricted by pain in all directions. Lumbar extension was worse than lumbar flexion. Lumbar discogenic and facet joint provocative maneuvers were positive. Sacroiliac provocative maneuvers were negative bilaterally, except Gaenslen's and Patrick's maneuver were positive on the right. Nerve root tension signs were negative bilaterally. Muscle strength reflexes are 2+ and symmetric bilaterally in the lower extremities. Muscle strength was 5/5 in all limbs, except 4/5 in the anterior tibialis, hamstrings, extensor hallucis longus, quadriceps, and gastrocnemius, and soleus. Heel, toe, and tandem walking were abnormal with antalgic gait favoring the right lower extremity. There was decreased sensation to touch in the right L4, right L5, and right S1 dermatomes. . The injured worker was previously taking Norco 10/325 mg every 5 hours but it was no longer effective for her with relief decreasing from 50% relief to 30% relief. Pain medication was being changed in order to reduce her tolerance while still managing her pain. The provider noted that the medication is medically necessary. Medications included gabapentin 600 mg, Norco 10/325 mg, Soma 350 mg, Norvac 10 mg, and HCTZ 12.5 mg. Diagnoses included right paracentral disc protrusion at L4-5 measuring 4 mm with facet

hypertrophy, right paracentral and right lateral disc protrusion at L5-S1 measuring 5 mm to 6 mm which abuts the right S1 nerve root, central disc protrusion at L2-3 measuring 1 mm to 2 mm, moderate severe right L5 neural foraminal stenosis, right lumbar facet joint arthropathy, right cervical facet joint arthropathy, right cervical facet joint pain, cervical sprain/strain, lumbar sprain/strain, Crohn's disease, hypertension, right lumbar facet joint pain at L3-L4-L5 and L5-S1 as diagnosed and confirmed by positive diagnostic fluoroscopy - guided right L3-right L4-L5 and right L5-S1 facet joint medial branch block. Status post fluoroscopically-guided right L3, right L4-5, and right L5-S1 facet joint radiofrequency nerve ablation (neurotomy/rhizotomy). The Request for Authorization dated May 12, 2014 was for Percocet 10/325 mg. The rationale was for work- related low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg, 100 count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that criteria for use for ongoing management of all opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. There was no urine drug screen provided indicating opioids compliance. Furthermore, the request does not include the frequency. In addition, there was no documented evidence of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. As such, the request for Percocet 10/325 mg, 100 count, is not medically necessary or appropriate.