

Case Number:	CM14-0072790		
Date Assigned:	07/16/2014	Date of Injury:	05/24/2010
Decision Date:	09/16/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/20/2014

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 Internal Medicine 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 an injured worker with the diagnoses of lumbar strain and lumbar disc protrusion. Date of injury was 05-24-2010. Regarding the mechanism of injury, the patient experienced low back pain while dumping trays. Progress report dated April 2, 2014 documented that medications relieve his low back pain. The patient was recommended lumbar spine fusion surgery. Narcotic contract was reviewed. Urine toxicology screen was performed and the results were consistent with the patient's prescriptions. Percocet 10/325 mg q8 hours #90 as needed for severe pain was prescribed on 04-02-2014, 03-05-2014, 02-05-2014, and 01-08-2014. Primary treating physician's progress report dated April 30, 2014 documented subjective complaints of low back pain is 8.5/10 without medications. Objective findings included normal gait, lumbar tenderness, range of motion restricted, straight leg raise test positive on the right side. Treatment plan included Percocet 10/325 mg q8 hours #90 as needed for severe pain, TENS unit, Celexa, exercises, healthy diet, weight reduction, follow up visit in four to five weeks. Spine fusion surgery was a consideration. MRI Lumbar performed 8/30/10 reported right paracentral disc extrusion that is seen at L5-S1, which comes in close proximity to the right traversing S1 nerve root; mild-moderate bilateral neuroforaminal stenosis at L5-S1, which may abut the bilateral exiting L5 nerve roots; degenerative changes. Utilization review determination date was 05-01-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Progress report dated April 2, 2014 documented that medications relieve his low back pain. The patient was recommended lumbar spine fusion surgery. Narcotic contract was reviewed. Urine toxicology screen was performed and the results were consistent with the patient's prescriptions. MRI Lumbar performed 8/30/10 reported right paracentral disc extrusion that is seen at L5-S1, which comes in close proximity to the right traversing S1 nerve root; mild-moderate bilateral neuroforaminal stenosis at L5-S1, which may abut the bilateral exiting L5 nerve roots; and degenerative changes. Medical records document prescriptions for Percocet 10/325 mg q8 hours #90 as needed for severe pain prescribed on 04-30-2014, 04-02-2014, 03-05-2014, 02-05-2014, and 01-08-2014. The medical records document objective evidence of significant pathology and benefit from pain medications. The patient is a surgical candidate for lumbar spine fusion. Medical records document stable use of Percocet, which as been prescribed at the monthly office visits. Narcotic contract was reviewed. Urine toxicology screen was performed and the results were consistent. Medical records support the maintenance of the patient's Percocet prescription. Therefore, the request for Percocet 10/325 mg is medically necessary.