

Case Number:	CM14-0189102		
Date Assigned:	11/20/2014	Date of Injury:	02/05/2000
Decision Date:	01/08/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/12/2014

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 Interventional Spine 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 33-year-old male with injury date of 02/05/00. Based on the 10/15/14 progress report, the patient complains of low back pain rated 6-7/10. A physical examination of the lumbar spine revealed tenderness to palpation over the L4-5 and L5-S1 levels with guarding over the bilateral erector spinae muscles and gluteus maximus region. The Range of motion was decreased and he had a positive straight leg raise test. The patient has been taking Norco since progress report dated 03/07/14. Based on the physician's report dated 07/14/14, the patient underwent spinal cord stimulator trial and it was effective. The patient was able to cut down Norco from 4-5 pills/day to 2-3/day, and his pain rated 2/10 during the spinal cord stimulator trial. The patient was recommended for permanent implantation of a spinal cord stimulator per 07/14/14 report. The physician prescribed Percocet 10/325 up to four times a day #120 for the patient's upcoming surgically implanted laminectomy spinal cord stimulator placement, which was scheduled for 08/04/14, per 07/28/14 progress report. The patient refused the spinal cord stimulator, and wanted to continue with his current medications per 10/15/14 progress report. The patient also states in the 10/15/14 report that "Norco does not provide adequate relief." The physician requests Percocet on 10/15/14, to provide patient "better pain control of his symptoms," and the patient "exhausted all conservative and surgical options." Per 10/15/14 progress report, patient's work status was permanent stationary. The physician states that on 05/09/14 that a random urine screening tests was done. Surgery (per 07/28/14 report)- Discectomy at L4-5 in 2000-Probable transforaminal lumbar interbody fusion at L4-5 in 2000 Diagnosis 10/15/14-Status post L4-5 lumbar fusion with failed back syndrome 2000-Advanced degeneration at L3-4 and L5-S1 above and below the level of fusion-Bilateral lumbar radiculitis-L5-S1 lumbar facet syndrome-Status post percutaneous trial implantation of the spinal cord

stimulator systemThe request is for Percocet 10/325mg #120. The utilization review determination being challenged is dated 11/06/14. The rationale is "There has been no effort of weaning the patient off his present dosage. He has refused to go ahead with a spinal cord stimulator". The treatment reports were provided from 03/07/14 to 10/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with low back pain rated 6-7/10 on average. The request is for Percocet 10/325mg #120. The Patient is status post discectomy at L4-5 and transforaminal lumbar interbody fusion at L4-5 in 2000 per 07/28/14 progress report. The diagnosis dated 10/15/14 included advanced degeneration at L3-4 and L5-S1 above and below the level of fusion, bilateral lumbar radiculitis, L5-S1 lumbar facet syndrome. The patient has been taking Norco since progress report dated 03/07/14 per the report. A review of reports stated that Norco does not provide adequate relief for patient. The physician prescribed Percocet anticipating permanent spinal cord stimulator placement per the 07/28/14 progress report. However, patient refused the permanent spinal cord stimulator as noted on 10/15/14 report. Random urine screening test was done per 05/09/14 report. The patient is permanent and stationary per 10/15/14 report. The MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The physician states in progress report dated 10/15/14, that the reason for requesting Percocet is to provide the patient "better pain control of his symptoms," and the patient "exhausted all conservative and surgical options." Percocet was taken since progress report dated 07/28/14. In this case, physician has not stated how Percocet reduces pain and significantly improves patient's activities of daily living; the four A's are not specifically addressed including discussions regarding adverse effects, aberrant drug behavior and specific ADL's, etc.. Given the lack of documentation as required by MTUS, the request is considered not medically necessary.