MAXIMUS Federal Services

Case Number:	CM14-0192809		
Date Assigned:	11/26/2014	Date of Injury:	04/23/2004
Decision Date:	01/14/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/18/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 47-year-old presenting with a work-related injury on April 23, 2004. The patient complained of low back and thoracic pain. The patient has a history of low back pain and thoracic pain in the setting of lumbar and thoracic degenerative disc disease and facet osteoarthritis. The patient underwent radiofrequency rhizotomy bilateral L4 - L5, L5 - S1 on January 27, 2014. The patient reported 80% reduction in his pain as well as reduced pain in the right extremity. On November 4, 2014, the patient reported that his pain has returned. On interval history the patient reported that his pain level without medication is the 10/10 and with medication is a 7/10. The pain is localized to the upper back T9 and described as stabbing pain like a hot rock to the back radiating around to the right side. The patient's medications included OxyContin 20 mg that the patient reported that this was not effective and wanted to return to his original regimen. The patient's medications included MS Contin 30 mg Q 12 hours, Percocet temperature 325 mg tablets per day as needed for breakthrough pain, Relafen 500 mg twice per day, and soma 350 mg twice per day as needed for muscle spasms. The physical exam was significant for severe tenderness to palpation directly over the paraspinal musculature from T-3 T10, patient was his upon degeneration, severe tenderness with moderate spasm upon palpation across low back, right greater than left and in the paraspinal musculature, L4, L5 level; there's also tenderness over his bilateral sacroiliac joint; restricted flexion and extension about 50%; positive bilateral straight leg raises; right greater than left; positive bilateral Patrick's test; unable to walk heels and toes; continue dose decision on the right lateral side leg is, L4, L5 dermatomes; patella deep tendon reflexes 1+ on the right 2+ on the left; EHL 1+ on the right, 2+ on the left. MRI of the thoracic spine showed small central disc protrusion at a lower thoracic this level at T7 - 8. This is unchanged from April 13, 2006. Lumbar MRI revealed relatively small lumbar spinal canal on a developmental basis, related to short pedicles; this is exacerbated by L2 - L3

disc degeneration, a small central protrusion, and the of the ligamentous labor, resulting in central spinal stenosis the narrowing of the thecal sac approximately 5 mm in AP dimension; disc degeneration and a small right paracentral disc protrusion at L1 - L2; and mild facet arthrosis from L3 - L4 through L5 - S1; 3 cm left renal cyst. The patient was diagnosed with degeneration of thoracic or rectal lumbar intervertebral disc; degeneration of lumbar or lumbosacral intervertebral disc; displacement of lumbar intervertebral disc without myelopathy; thoracic and lumbar facet arthropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg, two tid PRN Quantity 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, dosing. Decision based on Non-MTUS Citation Official Disability Guidelines Pain, Opioids for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Percocet 10/325 mg two TID prn quantity 180 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore requested medication is not medically necessary.