

Case Number:	CM14-0207485		
Date Assigned:	12/19/2014	Date of Injury:	06/06/1991
Decision Date:	02/09/2015	UR Denial Date:	11/22/2014
Priority:	Standard	Application Received:	12/11/2014

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 Family Practice, has a subspecialty in ENTER SUBSPECIALTY and is licensed to practice in Florida. 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:

This 67-year-old female sustained an injury on June 6, 1991. The mechanism of injury was not included in the provided medical records. Past treatment included muscle relaxant, anti-inflammatory, and pain medications; home exercises, aerobic walking, chiropractic therapy, and physical therapy. On May 5, 2014, the injured worker underwent left lumbar 4 and 5 transforaminal epidural injections to treat lumbar radiculopathy. The epidural injections provided 50% relief for a week. The injured worker was able to walk better and was more mobile. On June 12, 2014, the injured worker underwent left lumbar 4 and 5 transforaminal epidural injections, which provided 50% relief. On October 13, 2014, the treating physician noted chronic pain which was described as aching, dull, sharp, shock-like sensation with radiation down the left leg. The pain improved with medications. Current medications included an anti-epileptic, muscle relaxant, and pain (Norco) medications. The physical exam revealed moderately decreased lumbar range of motion, pain with range of motion testing, negative bilateral straight leg raise, negative bilateral Slump test, positive bilateral Patrick and Reverse Patrick tests, normal bilateral lower extremity reflexes without clonus, normal sensation of bilateral dermatomes L1-S2, normal strength of bilateral lower extremities, no tenderness over the thoracic and lumbar paraspinals, tenderness over the lumbar facet joints, and no tenderness over the bilateral sacroiliac joints. Diagnoses were enthesopathy of wrist, lumbar radiculopathy, hip bursitis, herniated lumbar disc, sacroiliac joint disorder, degenerative lumbar disc, and lumbar spondylosis. The treatment plan included refilling the muscle relaxant and anti-epileptic medications, starting a new pain medication (Percocet), and ordering a transforaminal epidural injection. Current work status is not included in the provided medical records. On December 5, 2014, the treating physician noted chronic pain, which was, described as aching, dull, sharp, shock-like sensation with radiation down the left leg. The pain improved with medications.

Current medications included an anti-epileptic, muscle relaxant, and pain (Norco and Percocet) medications. The physical exam was unchanged. The treatment plan included refilling the pain (Percocet) and muscle relaxant medications, and scheduling an epidural soon. On November 22, 2014, Utilization Review modified 1 prescription for Percocet 10/325mg #90 requested on November 14, 2014. The Percocet was modified based on the associated guidelines do not recommend long-term use of opioid without functional improvement and pain reduction. There was evidence the injured worker had used opioids since at least Sept 2013 and had reported improvement with medications. There was a lack of evidence of meaningful functional improvement as a result of opioid use currently, which warranted weaning of the medication. The California Medical Treatment Utilization Schedule (MTUS) guidelines for Percocet/Weaning, Criteria for Use of opioids, and Opioids, Dosing were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. In regards to this patient's case, there is not objective evidence of functional improvement. Therefore, this request for Percocet is considered not medically necessary.