

Case Number:	CM14-0068606		
Date Assigned:	07/14/2014	Date of Injury:	08/23/2007
Decision Date:	02/24/2015	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/13/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabn, Neuromuscular Medicine

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 69 year old male with a work injury dated 8/23/07. The diagnoses include multilevel lumbago with radiculopathy, bilateral; sacroiliac joint and facet joint arthropathy, multilevel cervicgia with radiculopathy; extensive myofascial syndrome; cervicogenic headaches, reactive sleep disturbance; reactive depression; repeated falls. Under consideration is a request for Percocet 10/325mg. A 7/11/14 progress note states that the patient was previously seen in the office on 05/16/14. The patient's current VAS score remains at 6-7/10. Generally the patient continues to experience his typical issues in both the lumbar and cervical spines. On exam the patient's physical examination demonstrates sciatic notch tenderness bilaterally. He has exquisite focal tenderness over the sacroiliac joints bilaterally, which remains positive to provocative maneuvers. He has significant focal tenderness over the facets with positive provocation bilaterally, worse on the right side. There are associated paraspinal muscle spasms in the lumbar region, particularly around the facets. There is decreased range of motion in the lumbar and cervical spines to flexion, extension and lateral rotation. He has significant pain with flexion and extension movements of the trunk area. There are deficits to light touch, thermal, and vibratory sensation over the dermatomes L5 and S I in the right lower extremity. There is motor weakness in the left lower extremity in dorsiflexion at 4+/5. Ankle reflexes are absent, bilaterally. The patient has cervical muscle spasms, along with multiple tender and trigger point areas in his upper trapezius muscle groups bilaterally. He has radicular pain in the upper and lower extremities. The patient has lost considerable weight over the past year. His gait is shuffling and unsteady. The patient's current functional status has not changed appreciably over

the past month, His pain scores have not changed. His medications include Percocet, Tramadol, Norco, Flexeril, Lunesta. There is a request for authorization for a bilateral facet rhizotomy at L4-5, L5-S1. The patient is not working. He is maximally medically improved and completely disabled. He continues to have very significant chronic pain with disability. He does require continued medical care. There is a 1/23/14 progress note that states that the patient's current VAS score is noted at 6-7/10. The patient continues to experience his typical issues in both the cervical and lumbar spines. In particular, in the low back. He continues to experience the axial low back pain. The patient has previously been diagnosed with both facet and sacroiliac joint mediated pain. Over the past month to month and a half, he has also been experiencing significant radicular pain associated with the low back. On exam the patient's current physical examination demonstrate sciatic notch tenderness bilaterally. He continues to have exquisite focal tenderness over the sacroiliac joints bilaterally, which remains positive to provocative maneuvers. The patient has focal tenderness over the facets with a very positive provocation on both sides, however, this is worse on the right side. He continues to have paraspinous muscle spasms. The patient's current functional status has been somewhat diminished, due to his higher pain levels and the issues going on in the low back; however, perhaps most significantly, the continued noncertification of the appropriate requests for pain-relieving procedures is also contributing the increased pain, which has had negative effects on the patient's general function and activities of daily living. His medications included Percocet 10/325 mg, 1-2 tablets p.o. q3-4h for pain, #180; Tramadol 50 mg, 1-2 tablets p.o. up to t.i.d. for pain; Norco 10/325 mg, 1-2 tablets p.o. q3-4h p,r,n, for pain, #240; Flexeril 10 mg, 1tablet p.o. up to b.i.d. for spasms and pain, #60; Lunesta 3 mg, 1 tablet p.o. q.h.s. for sleep, #30. The treatment plan included adding Lodine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg: 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 On-Going Management Page(s): 78-80.

Decision rationale: Percocet 10/325mg is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The request as written does not indicate a quantity. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement. For all these reasons the request for Percocet 10/325mg is not medically necessary.