

Case Number:	CM15-0101518		
Date Assigned:	06/04/2015	Date of Injury:	10/01/2003
Decision Date:	07/09/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/27/2015

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: California

Certification(s)/Specialty: Family Practice

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 injured worker is a 59-year-old male who sustained an industrial injury on 10/01/03. Initial complaints and diagnoses are not available. Treatments to date include medications, right total knee replacement, spinal surgery, hardware removal, and spinal cord stimulator and removal of spinal cord stimulator, as well as right posterior tibial tendon transfer, gastroc recession, and posterior capsule release. Diagnostic studies are not addressed. Current complaints include neck, lower back and right foot pain. Current diagnoses include left leg radiculopathy, right foot drop, cervical stenosis and radiculopathy, lumbar stenosis and degeneration, and chronic intractable pain. In a progress note dated 05/06/15 the treating provider reports the plan of care as medications including OxyContin, Percocet, Lyrica, as well as urine drug screen, post-operative physical therapy, neuromuscular retraining. The requested treatments include post-operative physical therapy, Percocet, and OxyContin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 3 times wkly for 6 wks, 18 session for Right Foot: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 14.

Decision rationale: The MTUS post surgical treatment guidelines recommend 8 sessions of postoperative treatment for this injured worker's diagnosis. The medical records note that initial postoperative physical therapy treatments have been previously certified. However, the medical records do not establish that the injured worker has undergone the previously authorized physical therapy treatments. Furthermore, the request for 18 sessions of physical therapy exceeds the amount recommended by the MTUS guidelines. The request for Physical Therapy, 3 times wkly for 6 wks, 18 sessions, for Right Foot is not medically necessary or appropriate.

Percocet 10/325 mg Qty 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 86.

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

Decision rationale: The MTUS guidelines do not support the long-term use of opioids due to the development of habituation, tolerance and hormonal imbalance in men. In this case, the medical records note that the injured worker has been prescribed opioids for an extended period of time and peer review has recommended weaning of opioids. There is indication in the medical records that the injured worker will be attending a detoxification program. The guidelines note that pain may be improved with the weaning of opioids. Utilization Review has allowed for modification to allow for weaning. The request for Percocet 10/325 mg Qty 180 is not medically necessary or appropriate.

Oxycontin 40 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 86.

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

Decision rationale: The MTUS guidelines do not support the long-term use of opioids due to the development of habituation, tolerance and hormonal imbalance in men. In this case, the medical records note that the injured worker has been prescribed opioids for an extended period of time and peer review has recommended weaning of opioids. There is indication in the medical records that the injured worker will be attending a detoxification program. The guidelines note that pain may be improved with the weaning of opioids. Utilization Review has allowed for modification to allow for weaning. The request for Oxycontin 40 mg Qty 90 is not medically necessary or appropriate.