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| Case Number: | CM15-0101988 | | |
| Date Assigned: | 06/04/2015 | Date of Injury: | 05/10/2012 |
| Decision Date: | 07/09/2015 | UR Denial Date: | 05/14/2015 |
| 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: Physical Medicine & Rehabilitation

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 37 year old male, who sustained an industrial injury on 5/10/2012. He reported low back and thoracolumbar, bilateral inguinal and anterior thigh pain after pulling a large object. The injured worker was diagnosed as having lumbar disc syndrome, thoracic disc syndrome, radicular neuralgia, lumbar sprain/strain, thoracic sprain/strain, segmental dysfunction of the thoracic spine, and segmental dysfunction of the lumbar spine . Treatment to date has included medications, chiropractic treatment, and home exercises. The request is for Percocet 5/325mg. On 4/19/2015, he reported doing better with treatments, and able to do more activities of daily living. He indicated the low back pain to be increased on the right going to the bilateral inguinal area, and down to the thigh, and continued thoracolumbar pain. The low back is noted to have restricted range of motion, increased on the right. There is less tenderness with myofascial pain and trigger point, more on the right. Lasegue testing is positive on the right. The treatment plan included orthopedic evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #60: Upheld

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

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 was injured on 05/10/12 and presents with low back pain, thoracolumbar pain, stress, and difficulty sleeping. The request is for PERCOCET for severe pain. There is no RFA provided and the patient is on modified work duty with no lifting, pushing, or pulling over 35 pounds. No repeated kneeling or squatting. 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." 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 03/20/15 report states that the patient rates his pain as an 8-9/10 without medications and a 2-3-10 with medications. The 04/17/15 report indicates that the patient rates his pain as an 8-9/10 without medication and a 3-4/10 with medication. The 04/19/15 report states that the patient is able to do more ADL and function better. Although the treater provides before and after medication pain scales, not all of the 4 A's are addressed as required by MTUS guidelines. There are no specific examples of ADLs, which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient was compliant with his prescribed medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Percocet IS NOT medically necessary.