

Case Number:	CM15-0108593		
Date Assigned:	07/20/2015	Date of Injury:	03/18/2001
Decision Date:	08/13/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/05/2015

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: Emergency 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 injured worker is a 51 year old male, who sustained an industrial injury on March 18, 2001. Treatment to date has included transforaminal epidural steroid injection, pain medications and lumbar laminectomy and fusion. Currently, the injured worker complains of pain in his low back and left lower extremity. He reports that his pain impairs his ability to perform activities of daily living such as overhead lifting and prolonged sitting, standing or walking. The pain impairs his ability to concentrate, his mood and sleep. He reports that a previous transforaminal epidural steroid injection was effective in relieving his pain. He reports radiation of pain into the left buttock, leg and into his foot. He can only stand five to ten minutes before the pain begins. He reports using high doses of pain medications and sleep aids. His current medication regimen includes Percocet and Ambien. On physical examination the injured worker's has full range of motion of the lumbar spine yet range of motion elicits pain in all planes. He exhibits normal bilateral motor strength and has a positive straight leg raise test on the left. The diagnoses associated with the request include displacement of intervertebral disc of the lumbar spine, degeneration of lumbar intervertebral disc, and low back pain. The treatment plan includes continuation of Percocet, urine drug screen, laboratory evaluations and multi-disciplinary evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Percocet 10/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-82.

Decision rationale: The requested 1 prescription of Percocet 10/325mg #150, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain in his low back and left lower extremity. He reports that his pain impairs his ability to perform activities of daily living such as overhead lifting and prolonged sitting, standing or walking. The pain impairs his ability to concentrate, his mood and sleep. He reports that a previous transforaminal epidural steroid injection was effective in relieving his pain. He reports radiation of pain into the left buttock, leg and into his foot. He can only stand five to ten minutes before the pain begins. He reports using high doses of pain medications and sleep aids. His current medication regimen includes Percocet and Ambien. On physical examination the injured worker's has full range of motion of the lumbar spine yet range of motion elicits pain in all planes. He exhibits normal bilateral motor strength and has a positive straight leg raise test on the left. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, 1 prescription of Percocet 10/325mg #150, is not medically necessary.