

Case Number:	CM15-0130129		
Date Assigned:	07/16/2015	Date of Injury:	04/21/2013
Decision Date:	08/18/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/06/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 57 year old male, who sustained an industrial injury on April 21, 2013. The injured worker was diagnosed as having spondylolisthesis at L4-L5 with instability, post laminectomy syndrome at L5-S1 status post fusion in 1980's, bilateral nerve root impairment at L5 likely from the L4-L5 level and possibly from the L5-S1 level, radiculopathy and radiculitis in the bilateral lower extremities progressively getting worse despite excellent conservative care for over a year, recurrent left leg pain after recent industrial injury, and foraminal stenosis moderate to severe at left L4-L5, greater on the right side. Treatments and evaluations to date have included physical therapy, activity modification, electromyography (EMG), epidural steroid injection (ESI), facet injections, MRI, x-rays, and medication. Currently, the injured worker complains of worsening leg pain, numbness, and weakness, and worsening back pain. The Primary Treating Physician's report dated June 4, 2015, noted the injured worker's visual analog scale (VAS) as 9/10. Physical examination was noted to show the injured worker with an antalgic gait due to left leg pain, pain to palpation over the L4-L5 and L5-S1 areas with palpable muscle spasms noted, range of motion (ROM) limited secondary to pain, diminished sensation in the left worse than right lower extremity in the L5 and S1 distribution, and positive bilateral straight leg raise. The treatment plan was noted to include an appeal for spinal surgery, an orthopedic consult, and medications including Percocet, Colace, Senna, and Tizanidine. The injured worker was noted to be off work for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #120 units 1-2 by mouth every 4-6 hrs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. On-going management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The guidelines note to continue opioids when the injured worker has returned to work, and if the injured worker has improved functioning and pain. The injured worker was noted to have been prescribed Norco (Hydrocodone/Acetaminophen) since at least December 2014, with the Physician noting on June 4, 2015, that the injured worker had been using 10 to 12 Norco pills per day, being discontinued due to his severe pain and was to be started on Percocet (Oxycodone / Acetaminophen). The documentation provided did not include documentation of the injured worker's improved pain, function, improved ability to perform his activities of daily living (ADLs) such as bathing, dressing, etc., or improved quality of life with the use of an opioid for his pain. The injured worker was noted to be unable to work due to his severe and worsening pain. There was no documentation of least reported pain over the period since the last assessment, the injured worker's average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, or how long the pain relief lasts. Based on the MTUS guidelines, the documentation provided did not support the medical necessity of the request for Percocet 5-325mg #120 units 1-2 by mouth every 4-6 hrs. The requested medication is not medically necessary.