

Case Number:	CM15-0131240		
Date Assigned:	07/17/2015	Date of Injury:	04/18/2015
Decision Date:	09/10/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/07/2015

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: Internal 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 54 year old male injured worker suffered an industrial injury on 4/18/2015. The diagnoses included degeneration of lumbar or lumbosacral intervertebral disc, sciatica and spinal stenosis. The diagnostics included lumbar magnetic resonance imaging. The treatment included medications and lumbar epidural steroid injections. On 6/18/2015 the treating provider reported low back pain and bilateral lower extremity pain, with the left leg greater that was severe and constant. He walked hunched over with a cane. The surgeon's recommendation was for 2 level lumbar fusion. The provider also discussed a limited left sided laminotomy with foraminotomy. On exam the left sided straight leg raise was positive. The emergency room visit on 6/8/2015 indicated worsening low back pain radiating to the left buttock and leg that had been getting worse but became unbearable the evening prior with the inability to walk. The injured worker reported he had been taking Tramadol and Acetaminophen at home but was still experiencing pain. He received steroids, Dilaudid, and Valium in the emergency department with minimal relief and was admitted for more definitive treatment. The visit on 6/4/2015 indicated he was prescribed Norco for pain. The injured worker had not returned to work. The requested treatments included Percocet 10/325mg qty 80, Augmentin 875/125mg qty 10 and Motrin 600mg qty 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg qty 80: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

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

Decision rationale: MTUS discourages long-term usage unless there is evidence of "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; 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 documentation needs to contain assessments of analgesia, activities of daily living, adverse effects and aberrant drug taking behavior. The documentation provided included clinical indications of severe low back pain would potentially be treated surgically, the comprehensive pain assessment and evaluation was not included for review. Efficacy of the pain medication and pain levels before and after administration were not evidenced in the medical record. There was no evidence of functional performance. Therefore, Percocet is not medically necessary.

Augmentin 875/125mg qty 10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sanford Guide to Antimicrobial Therapy 2013, 43rd Edition, pages 192-196; Mosby's Drug Consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.

Decision rationale: The goal of antimicrobial prophylaxis is to prevent surgical site infection (SSI) by reducing the burden of microorganisms at the surgical site during the operative procedure. The efficacy of antibiotic prophylaxis for reducing SSI has been clearly established. Preoperative antibiotics are warranted if there is high risk of infection or if there is high risk of deleterious outcomes should infection develop at the surgical site (such as in the setting of immune compromise, cardiac surgery, and/or implantation of a foreign device). Patients who receive prophylactic antibiotics within one to two hours before the initial incision have lower rates of SSI than patients who receive antibiotics sooner or later than this window. In the submitted medical records, the treating provider does not provide any clear rationale about this requested treatment. Records also do not specify the frequency and duration of this medication. Based on the currently available medical information for review, the requested treatment: Augmentin 875/125mg qty 10 is not medically necessary.

Motrin 600mg qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (nonsteroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines for non-steroidal anti-inflammatory drugs recommend use for acute conditions or for acute exacerbation of conditions for short term therapy. It is recommended at lowest dose for the shortest period in-patient with moderate to severe pain. Specific recommendations include osteoarthritis, back pain, and may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis with neuropathic pain. There also needs to be evidence of functional improvement. The documentation provided indicated this medication had been used for an acute condition of low back pain. However, there was no evidence of efficacy with a comprehensive pain assessment and evidence of functional improvement. Therefore, Motrin is not medically necessary.