

Case Number:	CM15-0135371		
Date Assigned:	07/23/2015	Date of Injury:	04/11/2003
Decision Date:	08/20/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49 year old male, who sustained an industrial injury on April 11, 2003. He reported injury to his neck, lower back, both legs and right hand. The injured worker was currently diagnosed as having chronic low back pain, lumbar fusion, lumbar radiculopathy, chronic thoracic spine pain and bilateral carpal tunnel syndrome. Treatment to date has included physical therapy, H-wave, massage and medications. On June 23, 2015, the injured worker complained of constant low back pain and right gluteal pain. The pain was rated as an 8 on a 1-10 pain scale. He also complained of pain in the left arm to digits 3-5 and the right hand. He reported improved pain and strength by 30-40% with physical therapy and massage treatment. His H-wave provides reduction in his pain by 30-50% and also help with alleviating muscle spasms. The treatment plan included changes to medications, H-wave, physical therapy with massage therapy and a follow-up visit. On July 1, 2015, Utilization Review non-certified the request for one prescription of Percocet 5/325 mg #30, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325 mg Qty 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/Acetaminophen (Percocet); Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86
Page(s): 8, 76-80, 86.

Decision rationale: The claimant has a remote history of a work-related injury and is being treated for chronic back and leg pain. Medications are referenced as decreasing pain from 9/10 to 6-7/10. When seen, there was benefit with use of an H-wave unit. He was in moderate discomfort. There was a slow, antalgic gait. There was decreased and painful lumbar range of motion with muscle spasms and tenderness. Right straight leg raising was positive. Norco was discontinued due to gastrointestinal upset as was Naprosyn. Percocet was prescribed at a total MED (morphine equivalent dose) of less than 10 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. Percocet (oxycodone/acetaminophen) is a short acting combination opioid medication often used for intermittent or breakthrough pain. In this case, it was being prescribed when the claimant was having ongoing moderate to severe pain. There were no identified issues of abuse or addiction and the total MED prescribed was less than 120 mg per day consistent with guideline recommendations. Prescribing was medically necessary.