MAXIMUS Federal Services

Case Number:	CM15-0138022		
Date Assigned:	07/27/2015	Date of Injury:	01/29/2002
Decision Date:	08/28/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/16/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 42-year-old female patient, who sustained an industrial injury on January 29, 2002. The diagnoses include low back pain, foot pain and pain in limb. She sustained the injury while lifting up a trap door. Per the doctor's note dated 6/12/2015 she had complains of low back pain and right foot pain at 7/10 with medications and at 9/10 without medications. Her quality of sleep was poor. She reported that her medications allow her to continue her activities of daily living and routine. She was able to take fewer breaks, able to walk 45 minutes and stand-sit for longer than 30 minutes. She was able to complete household chores and remain active. The physical examination revealed a right-sided antalgic gait, restricted range of motion of the cervical spine and tenderness to palpation over the paracervical muscles and trapezius, restricted lumbar spine range of motion with pain and tenderness to palpation and a tight muscle band over the paravertebral muscles, positive Lumbar facet loading bilaterally and straight leg raise tests negative, Faber test positive on the right hip and tenderness to palpation over the lumbar facet joints, swelling of the right ankle and tenderness to palpation below the lateral malleolus; right foot tenderness with no edema. Her current medication regimen includes Omeprazole, Cymbalta, Neurontin, Motrin and Percocet. She has undergone lumbar fusion on 7/16/2009. She has had MRI of the lumbar spine on 5/14/2012 and EMG-NCV on 5/16/2012, which revealed peripheral polyneuropathy on the right leg; lumbar CT scan on 10/1/2010. She has had lumbar medical branch radiofrequency neurotomy at L3-L5 bilaterally, lumbar medial branch block, lumbar transforaminal epidural steroid injections and TENS. She has had urine drug screen on 9/17/2013 and 5/22/2014 with inconsistent findings and on 4/10/2015 with consistent findings. The treatment plan includes lumbar medial branch radiofrequency, continued Percocet, Cymbalta, Neurontin and omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #180: Overturned

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 CRITERIA FOR USE OF OPIOIDS Page 75-80.

Decision rationale: Percocet 10/325mg #180. Percocet contains oxycodone and acetaminophen. Oxycodone is an opioid analgesic. According to CA MTUS guidelines cited below, "Opioid analgesics are a class of drugs (e.g., morphine, codeine, and methadone) that have a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage chronic pain. "In addition according to the cited guidelines "Short- acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain." According to the records provided patient had significant injury. Patient had low back pain and right foot pain at 7/10 with medications and at 9/10 without medications. She has significant objective finding on the physical examination- a right-sided antalgic gait, restricted range of motion of the cervical spine and tenderness to palpation over the paracervical muscles and trapezius, restricted lumbar spine range of motion with pain and tenderness to palpation and a tight muscle band over the paravertebral muscles, positive Lumbar facet loading bilaterally and straight leg raise tests negative, Faber test positive on the right hip and tenderness to palpation over the lumbar facet joints, swelling of the right ankle and tenderness to palpation below the lateral malleolus; right foot tenderness. Patient has history of lumbar fusion surgery. EMG-NCV on 5/16/2012 revealed peripheral polyneuropathy on the right leg. Therefore, there is objective evidence of nerve related pain. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. . . Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." Patient is already taking gabapentin, cymbalta and motrin. Per the notes, she reported that her medications allow her to continue her activities of daily living and routine. She was able to take fewer breaks, able to walk 45 minutes and stand-sit for longer than 30 minutes. She was able to complete household chores and remain active. Therefore, there was improvement in function. Patient has no evidence of aberrant behavior. Patient had the last urine drug screen on 4/10/2015 with consistent findings. Therefore, based on the clinical information obtained for this review the request for Percocet 10/325mg #180 is deemed medically appropriate and necessary for this patient at this time for prn use.