

Case Number:	CM15-0139292		
Date Assigned:	07/29/2015	Date of Injury:	04/30/2009
Decision Date:	09/02/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/17/2015

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 57-year-old male who sustained an industrial injury on 4/30/09. MRI on 3/3/15 showed degenerative vertebral change and disc disease of the lumbar spine with diffuse mild central stenosis. Associated degenerative facet change with multilevel moderate foraminal narrowing with scattered annular tears. EMG/NCV studies of lower extremities showed sensory nerve conduction with axonal loss and conduction velocities were slower than normal. Progress report dated 6/15/15 reports continued complaint of low back pain and spasm. The pain is worse with prolonged sitting. The pain is rated 7/10. He has started a weight loss program and has lost 10 pounds in 1 week. Diagnoses include: lumbar disk herniation with radiculitis/radiculopathy, degenerative joint disease right hip, strain internal derangement right knee, anxiety, depression and insomnia. Plan of care includes: physical therapy and gym membership have been denied and requested renewal of percocet. Work status: permanent and stationary. There is no mention of UDS, opioid agreement or any mention of changes in pain level or functional capacity with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 78-80, 92, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-96.

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is lacking a description of quantifiable improvement with ongoing long-term use of short acting opioids such as the prescribed medication. VAS score has stayed unchanged with no noted improvement in objective physical exam findings or functional capacity. Consequently, continued use of short acting opioids is not supported by the medical records and guidelines as being medically necessary.