

Case Number:	CM15-0140463		
Date Assigned:	07/30/2015	Date of Injury:	04/30/2014
Decision Date:	08/27/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/20/2015

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 48 year old female, who sustained an industrial injury on 4-30-14. Initial complaint was of her lower back. The injured worker was diagnosed as having lumbago; myalgia and myositis; lumbar radiculitis; lesion sciatic nerve; hip-thigh sprain; lumbar spine sprain; specific bursitis often occupational origin (disorder). Treatment to date has included physical therapy; home exercise program; medications. Diagnostics studies included X-rays of the lumbar and thoracic spine (8-20-14); MRI lumbar spine (12-3-14). Currently, the PR-2 notes dated 7-7-15 indicated the injured worker complains of right hip pain is getting worse. She is in the office as a follow-up. She has a surgical consult on 7-20-15. She reports she is no longer taking Norco but needs a refill of Percocet. Her medications are listed as Cymbalta 60mg, Flexeril 5mg; Percocet 5-325mg; Soma 350mg; Naprosyn 500mg and amitriptyline 25mg. On physical examination, the provider documents the back midline lower segments are tender to palpation with reduced range of motion. The right hip has good range of motion with flexion and rotation painful. X-rays of the lumbar spine are dated 8-2014 report moderate degenerative disc disease at L4-5 and L5-S1. X-rays of the thoracic spine dated 8-20-14 reveal mild multilevel spondylotic changes of the thoracic spine with mild levoscoliosis. A MRI lumbar spine dated 12-3-14 reveal L5-S1 right neural foraminal stenosis; L4-5 right lateral recess stenosis, right greater than left neural foraminal stenosis and displacement of the right exiting L4 nerve; L3-4 borderline left lateral recess stenosis with left neural foraminal narrowing greater than right and prominence of the left exiting L3 nerve. It may be inflamed and clinical correlation for the symptoms referable to the left L3 nerve is advised; Dextroconvex and dextrorotatory scoliosis of the upper lumbar

spine and thoracolumbar junction; Thickening to the gallbladder wall focally and dependently versus sludge or small gallstones. Sonographic correlation is advised. The provider's treatment plan includes Percocet refill until the surgical consult is completed. The provider is requesting authorization of Percocet 5-325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to discontinue Opioids, Weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p 76-80 (2) Opioids, dosing, p 86 Page(s): 76-80, 86. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov; 94 (2): 149-58.

Decision rationale: The claimant sustained a work-related injury in April 2014 and is being treated for back and right hip pain. Medications are referenced as decreasing pain from 5-6/10 to 3-4/10 with ability to do light housework, perform activities of daily living, and drive. Without medications, the claimant is described as sedentary and unable to perform any activities. When seen, there was lumbar tenderness with decreased range of motion. Hip range of motion was decreased and painful. Percocet was prescribed at a total MED (morphine equivalent dose) of 60 mg per day. A surgical evaluation was pending. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Percocet (Oxycodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing some degree of pain relief with improved activity tolerance and ability to perform activities of daily living. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.