

Case Number:	CM15-0142459		
Date Assigned:	08/03/2015	Date of Injury:	02/19/2013
Decision Date:	09/03/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/22/2015

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, North Carolina
 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:

The injured worker is a 37 year old male, who sustained an industrial injury on 2-19-13. The injured worker was diagnosed as having lumbar spine L5-S1 disc protrusion, chronic and ongoing denervation of the right sided L5 radiculopathy pattern, status post lumbar microdiscectomy at L5-S1, and status post redo lumbar laminectomy and discectomy at L5-S1. Treatment to date has included physical therapy, a home exercise program, epidural injections, and medication. On 5-5-15 pain was rated as 6-7 of 10 with medication and 9-10 without medication. On 7-2-15 pain was rated as 6 of 10 with medication and 9-10 of 10 without medication. The injured worker had been taking Percocet since at least 3-5-15. Currently, the injured worker complains of low back pain with radiation to bilateral lower extremities. The treating physician requested authorization for Percocet 10-325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids for chronic pain Page(s): 80.

Decision rationale: CA MTUS Guidelines state that opioids are an option for chronic pain when trials of first-line agents such as antidepressants and anticonvulsants have failed. In this case, the patient underwent a lumbar fusion approximately 1 year ago and has persistent chronic low back pain. There is no documentation that the patient's ongoing opioid use has resulted in him returning to work or experiencing an objective increase in functional ability. On 6/15/2015 the patient was given approval for #90 Percocet tablets for the purpose of weaning himself off the medication. At this point the weaning process should be accomplished, so the request for a refill of #120 Percocet is not medically necessary or appropriate.