

Case Number:	CM15-0143201		
Date Assigned:	08/04/2015	Date of Injury:	08/28/2002
Decision Date:	09/02/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/23/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 59 year old female, who sustained an industrial injury on 8-28-02. The diagnoses have included lumbar radiculopathy, lumbar spinal stenosis and right knee pain. Treatment to date has included medications, activity modifications, diagnostics, right knee surgery, physical therapy, and home exercise program (HEP). Currently, as per the physician progress note dated 6-22-15, the injured worker complains of low back pain that radiates down the bilateral lower extremities with numbness in the lower extremities and feet. She also complains of frequent severe muscle spasms in the low back. There are also complaints of low extremity pain and pain in the knees bilaterally. The pain is rated 4-6 out of 10 on pain scale with medications and 9-10 out of 10 without medications and the pain has worsened since the last visit. The current medications included Lyrica, Percocet, Tizanidine, Enalapril Maleate, Metoprolol, Simvastatin, and Xanax. The urine drug screen report dated 8-4-14 was inconsistent with the medications prescribed. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine and electromyography (EMG) -nerve conduction velocity studies (NCV) of the bilateral lower extremities. The physical exam reveals moderate distress noted. There is lumbar spasm, tenderness, decreased lumbar range of motion due to pain, facet signs present bilaterally, decreased sensitivity to touch in the bilateral lower extremities, decreased strength in the bilateral lower extremities and positive straight leg raise bilaterally in the seated position. There is tenderness noted to palpation at the right knee. The physician requested treatment included Percocet 10-325 mg 120 count.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg, 120 count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Percocet 10/325 mg, 120 count is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long-term opioids without significant evidence of significant objective functional improvement. Therefore, the request for continued Percocet is not medically necessary.