

Case Number:	CM15-0143235		
Date Assigned:	08/04/2015	Date of Injury:	11/29/2010
Decision Date:	09/01/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/24/2015

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 59 year old male, who sustained an industrial injury on 11-29-2010. Diagnoses have included lumbar pain, lumbar spinal stenosis and lumbar disc displacement. Treatment to date has included lumbar epidural steroid injection and medication. According to the progress report dated 7-8-2015, the injured worker complained of back pain. Current medications included Norco, Soma, Diazepam and Ambien. He rated his pain as nine out of ten without medications and four out of ten with medications. He rated his current pain as five out of ten. It was noted that Norco had become somewhat less effective; change to Percocet was recommended. Lumbar spine exam revealed pain in the mid lumbar area extending bilaterally. He was intolerant to any extension. Seated straight leg raise cause back pain but was negative for radicular symptoms. Authorization was requested for Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #75 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p 86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in November 2010 and continues to be treated for back pain. Medications are referenced as decreasing pain from 9/10 to 4/10. He had previously been taking Percocet 10/325 mg up to three times per day. When seen, Norco had been less effective. Physical examination findings included lumbar spine tenderness. He was unable to tolerate spinal extension. He had back pain with straight leg raising. There was pain with lumbar flexion. Norco was discontinued and Percocet was prescribed. The total MED was 37.5 mg per day. 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 was being prescribed as part of the claimant's ongoing management and had been providing decreased pain. Norco had been less effective. The total MED was less than 120 mg per day consistent with guideline recommendations. Prescribing is medically necessary.