

Case Number:	CM15-0143306		
Date Assigned:	08/04/2015	Date of Injury:	12/31/1999
Decision Date:	09/09/2015	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: California

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 56 year old male with an industrial injury dated 12-14-2000. His diagnoses included cervical facet arthropathy, cervical radiculopathy, lumbar facet arthropathy, lumbar radiculopathy, cervical fusion surgery and chronic pain. Prior treatment included medications and diagnostic studies. He presented on 06-22-2015 with complaints of low back pain radiating down the bilateral lower extremities. The pain was accompanied by numbness frequently in the bilateral lower extremities to the level of the feet. The pain is rated as 8 out of 10 without medications and 6 out of 10 with medications. He rates interference with activities of daily living due to pain as 5 out of 10. He reports opioid pain medication was helpful with relief lasting two to three hours. The provider documents the injured worker reported his quality of life had improved as a result of treatment. Physical exam noted spasm in the paraspinous musculature. Tenderness was noted upon palpation in the bilateral paravertebral area of lumbar 4-sacral 1. Treatment plan included lumbar epidural steroid injections, follow up and medications. The provider documents the following: The patient is complying with pain management agreement and there are no signs of medication abuse or diversion. The patient is monitored by periodic urinary drug testing and CURES. Pain contract is on file. Treatment request is for Percocet 10/325 mg #90 for the lumbar and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #90 for the lumbar and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the MTUS guidelines, the long term use of opioids is not supported for chronic non-malignant pain due to the development of habituation, tolerance and hormonal imbalance in men. The MTUS guidelines also note that in order to support continued opioid use, there should be improvement in pain and function. The medical records do not establish significant improvement in pain to support ongoing opioid usage. The injured pain levels without medication are rated 8/10 and with medications are rated 6/10. The medical records also do not establish evidence of significant objective functional improvement. Per the MTUS guidelines, pain may be improved with weaning of opioids. As noted by the MTUS guidelines, "Opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. It is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. (Ballantyne, 2006) (Ballantyne, 2003)" The request for Percocet 10/325mg #90 for the lumbar and cervical spine is therefore not medically necessary and appropriate.