

Case Number:	CM15-0145054		
Date Assigned:	08/06/2015	Date of Injury:	06/13/2007
Decision Date:	09/30/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/27/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53-year-old male, with a reported date of injury of 06-13-2007. The mechanism of injury was the lifting of a box of paper while making a delivery. The injured worker's symptoms at the time of the injury included low back pain and left leg pain. The diagnoses include chronic low back pain, multi-level degenerative disc disease, and spinal stenosis, anterior fusion at L4-5 and L5-S1 with interbody fusion, lumbar radiculopathy, and constipation secondary to narcotics. Treatments and evaluation to date have included oral medications and artificial disc replacement at L4-5 and L5-S1 fusion. The diagnostic studies to date have included a urine drug screen dated 01-15-2015 which was positive for Oxycontin and Percocet. According to the medical report dated 01-23-2015, the injured worker had a CT discogram on 04-18-2012 which showed non-painful L3-L4 and L4-L5, a normal nucleogram, and pain L5-S1; a CT scan on 12-23-2013 which showed failure of the L4-L4 disc replacement and pseudoarthrosis at L5-S1; an MRI of the lumbar spine on 07-06-2007 which showed posterior non-compressive bulging disc at L4-5 and L5-S1 with normal discs at all other levels; and an MRI of the lumbar spine on 12-30-2014 which showed post-operative changes at L4-L5 and L5-S1. The follow-up report dated 05-19-2015 indicated that the injured worker complained of pain in the low back with radiation down into the buttocks and left lower extremity. The pain was rated 6-7 out of 10; the pain level was rated 9 out of 10 without medication; and the pain level with medication was rated 4-5 out of 10. The objective findings include decreased lumbar lordosis, stiffness over the lumbosacral spine and paraspinal muscles, painful and restricted lumbar range of motion in all directions, positive bilateral straight leg raise test, radicular pain in

the L4-L5 and L5-S1 distribution, and an antalgic, slow gait on the left. The injured worker used a single point cane for safety. It was noted that a random urine drug screen was done on the day of the visit. The injured worker was provided with a prescription for Oxycontin and Percocet. The injured worker was permanent and stationary. The treating physician requested Percocet 10mg #90 and Oxycontin 40mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Opioids for Chronic Pain Page(s): 78, 80.

Decision rationale: MTUS discusses in detail the 4 as of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore, this request is not medically necessary.

Oxycontin 40 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Opioids for Chronic Pain Page(s): 78, 80.

Decision rationale: MTUS discusses in detail the 4 as of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore, this request is not medically necessary.