

Case Number:	CM15-0145835		
Date Assigned:	08/06/2015	Date of Injury:	03/16/2012
Decision Date:	09/03/2015	UR Denial Date:	07/15/2015
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: 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 49 year old male who sustained an industrial injury on 3-16-12. In a progress report dated 4-23-15, the secondary treating physician notes the injured worker returned for a pain management follow up, complaining of constant low back pain radiating to the bilateral lower extremities with numbness and tingling. Pain is rated at 9 out of 10. Lumbar range of motion in degrees in flexion is 20, extension is 5, and right and left lateral flexion is 10. There is tenderness to palpation of the lumbar spine and palpable spasms of paravertebral muscles. Straight leg raise is positive bilaterally. His gait is antalgic and he uses a cane. The treatment plan is for an internal medicine evaluation for elevated blood pressure, Norco 10-325 #90 and Percocet 5-325 #30, Cyclobenzaprine Hydrochloride #60, Terocin Patch #20 and compounded topical medication. In a progress report dated 6-10-15, the treating physician notes complaint of low back pain. The diagnoses are lumbar-lumbosacral disc degeneration, lumbar disc displacement, lumbosacral neuritis, spinal stenosis-lumbar, and status post fusion L4-S1 (2-13- 14). The treatment plan is to await a computerized tomography of the lumbar spine, continue pain medication, and acupuncture 2 times a weeks for 3 weeks. Work status is temporary total disability. A urine drug screen was done 4-30-15. Previous treatment noted includes home exercise, and recommendation for transcutaneous electrical nerve stimulation, heating pad, and lumbar spine brace. The requested treatment is Percocet 5-325mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use Page(s): 92, 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work-related injury in March 2012 and underwent a multilevel lumbar fusion from L4 to S1 in February 2014. When seen, he had ongoing back pain. Physical examination findings were unchanged with a prior assessment documenting a well-healed incision and decreased lower extremity sensation. Norco and Percocet were being prescribed. Percocet (oxycodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing is not supported by the documentation provided and was not medically necessary.