

Case Number:	CM15-0147350		
Date Assigned:	08/10/2015	Date of Injury:	06/27/2012
Decision Date:	09/09/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/29/2015

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: Texas, 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, who sustained an industrial injury on June 27, 2012. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included lumbar epidural steroid injections, medication, physical therapy, TENS unit, electrodiagnostic study, home exercise program and toxicology screen. Currently, the injured worker complains of low back and buttocks pain that is described as aching, pins and needles on 6/26/15. The pain is exacerbated by standing, sitting, bending and lifting. He rates his pain at 4 on 10 with medications and 7-8 on 10 without medication. The patient has had decreased sensation in lower extremity, positive SLR and antalgic gait. The injured worker is currently diagnosed with intervertebral disc protrusion, low back pain, lumbar facet joint pain, lumbar degenerative disc disease and lumbar radicular pain. A note dated June 26, 2015, states the injured worker experienced a 60% improvement, in pain symptoms, from the epidural injection that lasted 3 to 4 months. The note also states the injured worker experiences relief from medications, physical therapy and the TENS unit. It further states the injured worker reports a 50% relief of pain symptoms with the TENS unit, and it allows for better sleep. The medication, Percocet 10-325 mg #60 is requested to alleviate the injured worker's moderate to severe pain and improve function. The patient sustained the injury when he was picking up a 50 pound bag. The patient has had EMG of lower extremity on 10/20/13 that revealed radiculopathy. The patient has had UDS on 3/19/15 that revealed no inconsistencies. The patient had used a TENS unit for this injury. The medication list includes Norco, Naproxen, Cyclobenzaprine and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: page 76-80, criteria for use of opioids, Therapeutic Trial of Opioids.

Decision rationale: Request: Percocet 10/325mg #60. Percocet is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function, continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." In addition according to the cited guidelines "Short-acting opioids: also known as normal-release or immediate-release opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain." Currently, the injured worker complains of low back and buttocks pain that is described as aching, pins and needles on 6/26/15. The patient has had decreased sensation in lower extremity, positive SLR and antalgic gait. The patient has had EMG of lower extremity on 10/20/13 that revealed radiculopathy. The patient has had UDS on 3/19/15 that revealed no inconsistencies. There is no evidence of aberrant behavior. Patient is already using non opioid medications including NSAID and muscle relaxant for this injury. This medication is deemed medically appropriate and necessary in the present dose and amount to treat any exacerbations of the pain on an as needed/ prn basis. The medication Percocet 10/325mg #60 is medically necessary.