

Case Number:	CM15-0162348		
Date Assigned:	08/28/2015	Date of Injury:	09/14/2000
Decision Date:	09/30/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/18/2015

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: 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 was a 63 year old male, who sustained an industrial injury, September 14, 2000. The injured worker previously received the following treatments Percocet, Senna, Colace, prior medication were Hydrocodone Diazepam, Opana ER, psychiatric services and lumbar support. The injured worker was diagnosed with L5-S1 fusion and L3-S1 laminectomies and foraminotomies, lumbar post laminectomy syndrome, neuropathic pain, lumbar disc protrusion and chronic low back pain. According to progress note of August 4, 2015, the injured worker's chief complaint was bilateral lower back pain with radiation of pain to the left lateral thigh. The injured worker rated the pain at 7-8 out of 10 without pain mediation and 4-5 out of 10 with pain medication. The pain was exacerbated by prolonged sitting, prolonged standing, twisting, baring down. The Mitigating factors were lying down, stretching and using lumbar support. The physical exam noted tenderness with palpation of the lumbar paraspinal muscles. The lumbar range of motion was limited by pain in all directions. The lumbar flexion was worse than lumbar extension. The lumbar discogenic provocative maneuvers included pelvic rock and sustained hip flexion that were positive bilaterally. The treatment plan included a prescription for Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 #67: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/Acetaminophen (Percocet, generic available).

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

Decision rationale: MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2000 injury without acute flare, new injury, or progressive neurological deterioration. The Percocet 10/325 #67 is not medically necessary.