

Case Number:	CM15-0163156		
Date Assigned:	08/31/2015	Date of Injury:	11/17/2014
Decision Date:	10/05/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/19/2015

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:

This is a 55-year-old female who sustained an industrial injury on 11-17-2014 from moving a patient. Diagnoses include lumbar disc disease. Treatment to date has included medications, physical therapy, epidural steroid injections (ESI), cane use and activity modification. The ESIs provided little relief. According to the Outpatient Clinic Note dated 5-11-2015, the IW (injured worker) reported low back pain with limited relief from Tramadol and Norco. On examination, there was some low back myofascial discomfort. Straight leg raise was positive at 45 degrees on the left. Deep tendon reflexes were 0-1 throughout. An MRI of the lumbar spine on 5-13-2015 showed degenerative changes, including degenerative disc disease from L2 through S1, resulting in multilevel narrowing of the central spinal canal and neural foramina, most severe at L4-L5. Electrodiagnostic testing of the left lower extremity and corresponding lumbar paraspinal muscles on 3-10-2015 was normal. A request was made for Percocet 7.5-325mg, #120 due to successful pain relief in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 7.5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92, 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Criteria For Use of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The 55 year old patient complains of lower back pain and left groin pain radiating to the left leg, as per progress report dated 06/23/15. The request is for Percocet 7.5/325mg #120. There is no RFA for this case, and the patient's date of injury is 11/17/14. Diagnoses, as per progress report dated 06/23/15, included left lumbar degenerative disc disease and left lumbar radiculopathy. Medications included Tramadol and Percocet. CT scan of the lumbar spine, as per progress report dated 05/19/15, revealed central canal stenosis at L4-5 and peri-articular stenosis and neural foraminal stenosis at L5-S1. The patient is on light duty, as per progress report dated 06/23/15. MTUS Guidelines pages 88 and 89, section Opioids, long-term assessment states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." In this case, Percocet is first noted in progress report dated 03/17/15. The treater states that Norco was changed to Percocet and it does help the patient. In progress report dated 04/14/15, the treater states "she was taking percocet, but we are not going to continue prescribing that." The treater does not explain the reason for discontinuation. Nonetheless, in a subsequent progress report dated 04/19/15, the treater states "pain has decreased with recent percocet usage, with current levels at 3-4/10." The most recent report available for review, dated 07/28/15 (after the UR denial date), documents the use of Percocet and Tramadol. The treater, however, does not document change in pain scale to demonstrate reduction of pain nor does the treater provide specific examples that indicate improvement in function due to the use of this medication. No cures and UDS reports are available for review. There is no discussion regarding the side effects of Tramadol as well. MTUS requires a clear documentation regarding impact of the opioid on 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued use. Additionally, MTUS page 80 and 81 states regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." Hence, the request is not medically necessary.