

Case Number:	CM15-0163264		
Date Assigned:	08/31/2015	Date of Injury:	03/09/2010
Decision Date:	10/05/2015	UR Denial Date:	08/12/2015
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:

The injured worker is a 51 year old female who sustained a work related injury March 9, 2010. Past history included left hip decompression, February 2015. According to a treating physician's progress report, dated July 9, 2015, the injured worker presented with complaints of low back pain. She reports to only taking her medications as prescribed and they continue to improve her function; cleaning shopping, cooking and increased endurance and tolerance. She rates her pain level 8 out of 10 with medication and 9 out of 10 without medication. Current medications are Percocet and Topamax. Objective findings included; lumbar spine-spasm and tenderness noted both sides of paravertebral muscles, cannot walk on heels, straight leg raise-supine- positive on the left, pinprick slightly decreased sensation L5 and S1 bilaterally. Diagnoses are lumbar facet syndrome; lumbar spinal degenerative disc disease; low back pain, depression not otherwise specified. At issue, is the request for authorization for Percocet 10-325mg, quantity: 180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, quantity: 180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 89.

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 current request is for Percocet 10/325mg, quantity: 180. The RFA is dated 06/03/15. Treatment history included left hip decompression (February 2015), physical therapy and medications. MTUS, CRITERIA FOR USE OF OPIOIDS, pages 88 and 89 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 page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." The patient s/p left hip decompression (February 2015). Per report 05/12/15, the patient presents with complaints of low back pain. Current medications are Percocet and Topamax. She reports to only taking her medications as prescribed and they continue to improve her function allowing her to clean her house, go shopping, and cook. She also reports emotionally being more stable and less irritable with the use of Percocet. She rates her pain level 8/10 with medication and 9.5/10 without medication. The patient reported minimal side effects with medications. Reports note CURES report and a signed opiate agreement is on file. The patient's UDS are appropriate as well. In this case, the treating physician has addressed all the 4As, as required by MTUS for opiate management. This request IS medically necessary.