

Case Number:	CM15-0166183		
Date Assigned:	09/03/2015	Date of Injury:	04/11/2001
Decision Date:	10/06/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/24/2015

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, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 64 year old male who sustained an industrial injury on 4-11-01 when he fell 12 feet from a platform injuring his low back, buttocks, left shoulder and left wrist. He currently complains of low back pain with a pain level of 5 out of 10 with medication and 6 out of 10 without medications. Since his radiofrequency ablation on 2-20-15 his back pain was 2 out of 10 with 90% relief after the procedure; left shoulder pain 8 out of 10 without medication and 3 out of 10 with medication; left wrist pain was 5 out of 10 without medication and 2 out of 10 with medication. He was able to cut back on Norco significantly since radiofrequency ablation. His sleep quality is fair. His activity level has remained unchanged; with medication he is able to perform household tasks for 30 minutes and without medications for less than 10 minutes. He is not trying any other therapies for pain relief per 8-12-15 note but physical therapy was pending (7-15-15). On physical exam of the lumbar spine there was restricted range of motion, positive Gaenslen's and Faber test. The 2-25-15 note indicates that the injured workers pain has remained unchanged; he is status post radiofrequency ablation from 2-20-15 with a reported 90% relief of pain. Medications were Nabumetone, Norco, and Aspirin. A CURE checked on 8-12-14 and was appropriate; urine drug screen positive for opioids on 1-6-10. Diagnoses include carpal tunnel syndrome bilaterally, status post carpal tunnel release X2, last 2009; lumbar facet syndrome; sacroiliac pain; hand pain; shoulder pain; back pain. Treatments to date include lumbar radiofrequency ablation L3, L4, L5, S1 on left with 90% decrease in pain and use of Norco from 4 per day to 1 per day; medical branch block (1-2-15) L3, L4, L5, S1 with 80% relief of pain within 2 hours of the procedure. Diagnostics include electromyography, nerve conduction study (4-10-

07) showing right and left carpal tunnel syndrome. In the progress note dated 8-12-15 the treating provider's plan of care included a request for 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 ACOEM, Chronic Pain Treatment Guidelines Page(s): 75, 78, 92, 97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79, 80 and 88 of 127.

Decision rationale: This claimant was injured in 2001 when he fell 12 feet from a platform injuring his low back, buttocks, left shoulder and left wrist. He currently complains of low back pain with a pain level of 5 out of 10 with medication and 6 out of 10 without medications. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary.