

Case Number:	CM15-0168382		
Date Assigned:	09/09/2015	Date of Injury:	07/21/2010
Decision Date:	10/13/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/26/2015

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 36 year old female, who sustained an industrial injury on July 21, 2010. She reported injury to her lumbar spine, right knee and bilateral lower extremities. The injured worker was currently diagnosed as having lumbosacral spondylosis without myelopathy, opioid dependence, lumbar radiculopathy, lumbar post-laminectomy syndrome, lumbar spondylosis and spinal stenosis of lumbar region. Treatment to date has included diagnostic studies, surgery, twenty four sessions of post-operative physical therapy and medication. On June 24, 2015, the injured worker complained of pain across her lower back and achiness in both legs. Her low back pain was noted to be chronic. The treatment plan included a transfer of care for continued medical management of her symptoms. On July 23, 2015, utilization review denied a request for Percocet 10-325mg quantity of sixty. The patient sustained the injury due to slip and fall incident. The medication list include Percocet, Methocarbamol, Lyrica, Soma, Prilosec, Tizanidine and Gabapentin. The patient has had MRI of the lumbar spine on 4/26/14 that revealed disc protrusions, foraminal narrowing, and degenerative changes. Patient had received lumbar ESI for this injury. The patient's surgical history include lumbar laminectomy on 4/28/11. Per the note dated 7/15/15, the patient had complaints of low back pain at 8/10. Physical examination of the lumbar spine revealed tenderness on palpation, positive SLR, 4/5 strength, antalgic gait and decreased sensation in lower extremity. A recent urine drug screen report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Request Percocet 10/325mg quantity 60Percocet contains acetaminophen and oxycodone which 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..." On June 24, 2015, the injured worker complained of pain across her lower back and achiness in both legs. Her low back pain was noted to be chronic. The patient has had MRI of the lumbar spine on 4/26/14 that revealed disc protrusions, foraminal narrowing, and degenerative changes. The patient's surgical history include lumbar laminectomy on 4/28/11. Per the note dated 7/15/15 the patient had complaints of low back pain at 8/10. Physical examination of the lumbar spine revealed tenderness on palpation, positive SLR, 4/5 strength, antalgic gait and decreased sensation in lower extremity. There are significant abnormal objective findings consistent with the patients history. There is no evidence of aberrant behavior. Patient has had a trial of Gabapentin and muscle relaxant for this injury. This medication is deemed medically appropriate and necessary to treat any exacerbations of the pain on an as needed/ prn basis. The medication Percocet 10/325mg quantity 60 is medically necessary and appropriate in this patient.