

Case Number:	CM15-0168391		
Date Assigned:	09/01/2015	Date of Injury:	12/28/2010
Decision Date:	10/05/2015	UR Denial Date:	07/30/2015
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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 68-year-old male who sustained an industrial injury on 12-28-10. The mechanism of injury was a slip and trip with subsequent fall onto the ground. Diagnoses are lumbar spondylosis without myelopathy, lumbar degenerative disc disease, lumbar radiculopathy, lumbar herniated disc, lumbar spinal stenosis, and lumbago. In a physical medicine and rehabilitation-pain consultation note dated 6-19-15, the physician reports he is status post Rhizotomy right L2-3 on 5-20-15. He reports that at the site of injection, his lower back is still tender and has burning pain and numbness down the back of his leg to the calf. Previous treatment also includes lumbar facet medial branch block right L2-3 facet joints on 7-30-14, transforaminal epidural steroid injection L3-L4 on 1-15-13 and at L4-L5 on 5-22-13, and 12 sessions of chiropractic therapy. Medications are Tramadol, Gabapentin, and Percocet. He notes the Percocet decreases his pain by 50-60% for a few hours and he feels it is easier for him to complete daily activities. He denies any side effects of the medications. Pain is rated out of 10 as neck at 3-4, right shoulder 5-6, and low back at 6-7 with right leg pain at 6. A urine drug screen done 6-19-15 returned positive for THC (tetrahydrocannabinol) and Oxycodone and will be sent to the lab for quantitative urine confirmation. It is noted that the injured worker states he last took Tramadol 3-4 days prior and Percocet 4 hours prior. Work status is that the injured worker reports he is not currently working and has not worked since 7-9-12 as he was laid off, but also notes he is retired. The requested treatment is Percocet 10-325mg 1 tablet every four hours as needed for pain, #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg 1 tab every 4 hours as needed for pain, #180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10/325mg one PO Q4 hours as needed for pain #180 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long- term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar spondylosis without myelopathy; lumbar degenerative disc disease; lumbar radiculopathy; lumbar herniated disc; lumbar spinal stenosis; and lumbago. Date of injury is December 28, 2010. Request authorization is July 24, 2015. According to the earliest progress note dated April 15, 2015, subjectively the injured worker complained of neck and low back pain 7/10. Medications include tramadol, Percocet (oxycodone) and gabapentin. The most recent progress note dated June 19, 2015 subjectively states the injured worker has the same symptoms and has received multiple treatment modalities to date. A urine drug screen was performed that was positive for cannabis and hydromorphone. Hydromorphone is not a metabolite oxycodone (Percocet). There are no detailed pain assessments in the medical record. There were no risk assessments in medical record. There was no attempt at weaning Percocet in the medical record. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, and inconsistent urine drug screen with cannabis and hydromorphone, no detailed pain assessments or risk assessments and no attempt at Percocet weaning, Percocet 10/325mg one PO Q4 hours as needed for pain #180 is not medically necessary.