

Case Number:	CM15-0168955		
Date Assigned:	09/09/2015	Date of Injury:	04/04/2000
Decision Date:	10/07/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old female, who sustained an industrial-work injury on 4-4-00. She reported initial complaints of low back pain. The injured worker was diagnosed as having post laminectomy syndrome, lumbosacral neuritis, spinal stenosis of lumbar region, and neurogenic claudication. Treatment to date has included medication, diagnostics, surgery (microdiscectomy on 6-13-00, lumbar anterior interbody fusion at L5-S1, spinal cord stimulator and replacement of charger), physical therapy, epidural injection. Currently, the injured worker complains of low back pain that interferes with ADL's (activities of daily living). Pain is triggered by prolonged activity. A spinal cord stimulator and chronic use of pain medication for breakthrough pain was utilized for pain management. Per the primary physician's progress report (PR-2) on 6-25-15, exam noted neurogenic claudication, antalgic gait with use of a walker, motor strength 4- out of 5, myofascial spasms in back, tenderness with palpation to lumbar spine, and sacroiliac joint. On 8-4-15 a recent fall occurred with note of now malfunctioning SCS (spinal cord stimulator) with no gross change in symptoms with plan to replace wires. Current plan of care includes continued use of SCS (spinal cord stimulator), med regimen, and follow up. The Request for Authorization date was 7-29-15 and requested service included Percocet 10-325 mg #150. The Utilization Review on 8-5-15 modified the request for Percocet 10-325 mg #135 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg #150: Upheld

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: The claimant has a remote history of a work injury in April 2000 and is being treated for low back pain including a diagnosis of post-laminectomy syndrome. She uses a spinal cord stimulator which is referenced a malfunctioning. When seen, pain was rated at 8/10. Her BMI was over 41. There was an antalgic gait with use of a walker. There was decreased bilateral lower extremity strength. There was lumbar and sacroiliac joint tenderness with quadratus lumborum muscle spasms. Lasegue testing was positive bilaterally. Pain scores have been rated at 8-9/10. Percocet (oxycodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, an increased level of function, or improved quality of life at the current dose. Continued prescribing is not medically necessary.