

Case Number:	CM15-0169405		
Date Assigned:	09/10/2015	Date of Injury:	11/01/2000
Decision Date:	10/15/2015	UR Denial Date:	07/30/2015
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: 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 53 year old female, who sustained an industrial injury on 11-01-2000. She has reported injury to the low back. The diagnoses have included lumbar herniated nucleus pulposus; chronic lower back and right leg radicular pain; history of multiple back surgeries, lumbar spine; failed back surgery syndrome, lumbar spine; and status post successful trial of spinal cord stimulation. Treatment to date has included medications, diagnostics, physical therapy, lumbar injections, surgical intervention, and spinal cord stimulation trial. Medications have included Percocet. A progress note from a treating provider, dated 06-11-2015, noted that the injured worker recently underwent a spinal cord stimulator trial which provided "significant improvement of pain and was deemed as a successful trial". A progress note from the treating physician, dated 07-14-2015, documented a follow-up visit with the injured worker. The injured worker reported continued lower back pain; pain with walking, prolonged sitting; and relief with medications. Objective findings included tenderness to palpation at L4-5, L5-S1; positive straight leg raising; pain with extension and flexion; and positive paraspinal spasm. The treatment plan has included the request for Percocet tab 10-325mg #100, no refills. The original utilization review, dated 07-30-2015, modified a request for Percocet tab 10-325mg #100, no refills, to Percocet tab 10-325mg #75, no refills, for the purpose of completing opioid taper for discontinuation over the course of the next 4-6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet tab 10-325mg #100, no refills: 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 for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10/325 #100 with no refills 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 diagnosis is lumbar HNP. Date of injury is November 1, 2000. Request for authorization is July 29, 2015. According to progress note dated February 13, 2015, there are no medications documented in the medical record. According to the July 14th 2015 progress note, the injured worker's subjective complaints are low back pain, relief with medications. Medications are not listed in the record. Objectively, the documentation indicates positive extension and positive flexion. There is spasm and tenderness to palpation at L4 - L5. The documentation does not demonstrate objective functional improvement to support ongoing Percocet. According to utilization review dated January 27, 2015, recommendations were made for Oxycodone weaning. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with medications listed in the progress note documentation, and no documentation demonstrating objective functional improvement, Percocet 10/325 #100 with no refills is not medically necessary.