

Case Number:	CM15-0180199		
Date Assigned:	09/22/2015	Date of Injury:	01/30/2000
Decision Date:	10/27/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/14/2015

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:

This 59 year old female sustained an industrial injury on 1-30-00. Documentation indicated that the injured worker was receiving treatment for lumbar degenerative disc disease, cervical spine sprain and strain, left knee internal derangement, right total knee replacement, left shoulder internal derangement, depression, anxiety and medication induced gastritis. Previous treatment included right total knee replacement with revision, physical therapy, aqua therapy, injections, home exercise and medications. Magnetic resonance imaging left hip (12-11-14) showed mild reduced acetabulofemoral joint space with a small bone island at the left acetabular roof. Electromyography and nerve conduction velocity test of bilateral lower extremities (7-29-15) showed mild acute left L5 radiculopathy. In a follow-up pain management evaluation dated 7-29-15, the injured worker complained of worsening left hip pain with radiation into the left leg associated with mild numbness and tingling, low back pain with progressive radicular symptoms into bilateral lower extremities as well as persistent pain in the neck, right knee and right shoulder. The physician noted that the injured worker continuing to require pain medications in order to function throughout the day and get sleep at night. The physician stated that the injured worker was having significant gastrointestinal distress. The injured worker was able to tolerate Voltaren as long as she took Prilosec. Norco had been making her nauseous if she took more than two per day. The injured worker also required ongoing Zofran due to significant nausea. Overall, the injured worker felt that Norco was more effective in managing her pain than Oxycontin. Without Norco, the injured worker was unable to function throughout the day. The injured worker had been cutting back on Norco and had reduced the number dispensed from

120 to 90. The injured worker also had trouble with numerous patches and analgesic ointments. Physical exam was remarkable for tenderness to palpation in the right low lumbar musculature with "decreased" range of motion, pain on facet loading, positive Faber's maneuver on the left hip, right knee with tenderness to palpation, right shoulder with "decreased" range of motion with internal and external rotation, decreased abduction of 30 to 40 degrees and tenderness to palpation, cervical spine with tenderness to palpation in the cervical spine musculature and trapezius muscle and extension to 20 degrees. The injured worker had an obvious, stiff, antalgic gait. The physician noted that magnetic resonance imaging lumbar spine (3-7-14) showed facet hypertrophy at L4-5. Cervical spine magnetic resonance imaging (5-15-13) showed disc protrusion at C4-5 and C6-7 with mild central stenosis. The injured worker received trigger point injections in the lumbar musculature during the office visit. The treatment plan included cervical and lumbar traction, holding non-steroidal anti-inflammatory medications completely and medications refills (Zofran, Prilosec, Neurontin, Anaprox, Lidopro and Procardia) and a prescription for Percocet and Ativan. On 8-12-15, Utilization Review noncertified a request for Percocet 10-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 MG #90: 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 mg #90 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 degenerative disc disease with facet arthropathy; lumbar spine sprain strain; right total knee replacement; right total knee revision with ceramic; left knee in internal derangement; reactionary depression/anxiety; cervical spine sprain strain; degeneration facet disease; right shoulder internal arrangement, status post arthroscopy; left shoulder internal derangement; and medication induced gastritis/nausea. Date of injury is January 30, 2010. Request authorization is July 29, 2015. According to a February 3, 2015 progress note, medication list included Norco and Ativan. OxyContin was discontinued. According to a July 1, 2015 progress note, Percocet

was prescribed. Subjectively, the injured worker complained of low back pain, left sided pain with numbness and tingling in the legs, neck pain, right knee pain and shoulder pain. According to the progress note dated July 29, 2015 subjective complaints remained unchanged. The injured worker received bilateral SI joint injections with 50% relief and symptoms. Norco was discontinued secondary to nausea. The documentation indicates there was no prescription for OxyContin since March 2014. Percocet was not discussed in the discussion section of the progress note. There was no objective functional improvement associated with ongoing Percocet. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no discussion of Percocet in the July 29, 2015 progress note, Percocet 10/325 mg #90 is not medically necessary.