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| Case Number: | CM15-0182398 | | |
| Date Assigned: | 09/23/2015 | Date of Injury: | 08/18/2005 |
| Decision Date: | 10/28/2015 | UR Denial Date: | 09/03/2015 |
| Priority: | Standard | Application Received: | 09/16/2015 |

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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:

This injured worker is a 33 year old male who reported an industrial injury on 8-18-2005. His diagnoses, and or impressions, were noted to include: lumbar radiculopathy; lumbar degenerative disc disease; facet pain syndrome; and lumbar discogenic pain. No current imaging studies were noted. His treatments were noted to include medication management. The progress notes of 5-22-2015 reported a follow-up visit for complaints of: lower back (lumbar spine) pain, rated 8-9 out of 10, that improved to a 5 out of 10 with medications; that his lower back pain radiated to the bilateral lower extremities; that his low back pain represented 70% of his pain, and the leg pain represented 30%, respectively; difficulties with activities of daily living, stiffness and loss of range of motion in the low back, and tingling in the lower extremities; that medication(s) alleviated his pain; and that he was released to modified work duties but not working due to no available accommodation. The objective findings were noted to include: the appearance of moderate pain; an abnormal posture with stooping and right-side bending of the low back; limited lumbar range-of-motion with mild tight band, moderate spasms, mild hypertonicity and moderate tenderness along the bilateral lumbar spine; moderately positive bilateral straight leg raise, positive for radicular symptomatology which remained unchanged; moderately positive provocative loading maneuver's over the lumbar facet, and bilateral lumbosacral facet for axial pain; diminished sensation with dysesthesias, hyperpathia, paresthesias along the bilateral lumbar 4 & 5 nerve root distribution, unchanged; and moderate weakness on ankle dorsiflexion and plantar flexion in the left lower limb. The physician's requests for treatment were noted to include Percocet (oxycodone-apap) 10-325 mg taken 3 x daily as needed, #90, for pain relief, and because he cannot be taken off this medication abruptly. The Request for Authorization for Percocet 10-325 mg #90 was not noted in the medical records provided. The Utilization Review of 9-3-2015 non-certified the request for Percocet 10-325 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10-325mg #90: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: The cited CA MTUS guidelines recommend short acting opioids, such as Percocet, for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's most recent records from 5-22-15 included decreased pain of 3-4 points on the VAS with medications, no significant adverse effects, and pain contract on file, no aberrant behavior, improved subjective functional improvement, and performance of necessary activities of daily living. Urine drug screen results were not available. Appropriate follow-up has been scheduled. Utilization Review had previously advised for opioid weaning and although the recent note documented the 4 A's, weaning of opioids should be routinely reassessed and initiated as soon as indicated by the treatment guidelines. Based on the available medical information, Percocet 10-325 mg #90 is medically necessary and appropriate for ongoing pain management.