

Case Number:	CM15-0182490		
Date Assigned:	09/23/2015	Date of Injury:	08/09/2004
Decision Date:	10/28/2015	UR Denial Date:	08/25/2015
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: 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 60-year-old male who sustained an industrial injury on August 9, 2004. Diagnoses include status post lumbar laminectomy and discectomy at L5-S1 on 2-10-2010, and displacement of lumbar intervertebral disc. The physician's note of 8-6-15 states that a post-operative MRI showed L5-S1 radiculopathy impinging the left S1 nerve root. Documented treatment includes home exercise and medication including Percocet, Tylenol, and alternating Voltaren and Ibuprofen for inflammation. Medication is reported to provide 50 percent reduction in pain and his ability to perform activities of daily living. 6-11-15 physician report states the injured worker had an emergency room visit for a morphine injection due to uncontrolled pain. The injured worker continues to present with report of "severe" low back pain and "ongoing radicular pain" described as burning. At the 8-6-15 visit, he reported pain at 8 - 10 out of 10, with medication bringing it to 4 out of 10. Physician examination revealed flexion 20 degrees and extension at 5 degrees with sensory loss to the left lateral calf and bottom of his foot. The physician stated there was no achilles reflex, and 4 out of 5 weakness in his left thigh flexion and knee extension. The injured worker is stated to have signed a narcotic contract and to have had "appropriate" urine drug screens. The treating physician's plan of care includes Percocet 90 count which was modified to 23 on August 25, 2015. Extra Strength Tylenol and Ibuprofen were also requested but denied. The injured worker is on disability and not working.

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: 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, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury in August 2004 when he fell from a ladder which picking peaches and is being treated for low back pain with right lower extremity radicular pain and has a history of a lumbar laminectomy and discectomy in 2010. When seen, medications were decreasing pain from 8/10 to 4/10 with improved activities of daily living and allowing him to function. Physical examination findings included lumbar spasms and he was unable to stand up straight. There was decreased left lower extremity strength, sensation and an absent ankle reflex. Medications were refilled including ibuprofen 400 mg TID, Percocet at a total MED (morphine equivalent dose) of 60 mg per day, and over the counter Extra strength Tylenol #120. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. 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. There are no identified issues of abuse or addiction and medications are providing decreased pain and improved activities of daily living and activity tolerance. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.

Tylenol extra strength #120 (OTC): Overturned

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): Acetaminophen.

Decision rationale: The claimant has a remote history of a work injury in August 2004 when he fell from a ladder which picking peaches and is being treated for low back pain with right lower extremity radicular pain and has a history of a lumbar laminectomy and discectomy in 2010. When seen, medications were decreasing pain from 8/10 to 4/10 with improved activities of daily living and allowing him to function. Physical examination findings included lumbar spasms and he was unable to stand up straight. There was decreased left lower extremity strength, sensation and an absent ankle reflex. Medications were refilled including ibuprofen 400 mg TID, Percocet at a total MED (morphine equivalent dose) of 60 mg per day, and over the counter Extra strength Tylenol #120. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not

mean that they are no longer entitled to future medical care. Acetaminophen (APAP) is recommended for treatment of chronic pain and acute exacerbations of chronic pain. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case, the requested average daily dosing is within guideline recommendations and medications are providing decreased pain with improved activities of daily living. Ongoing prescribing is medically necessary.

Ibuprofen 100mg #90: Overturned

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): NSAIDs, specific drug list & adverse effects, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The claimant has a remote history of a work injury in August 2004 when he fell from a ladder which picking peaches and is being treated for low back pain with right lower extremity radicular pain and has a history of a lumbar laminectomy and discectomy in 2010. When seen, medications were decreasing pain from 8/10 to 4/10 with improved activities of daily living and allowing him to function. Physical examination findings included lumbar spasms and he was unable to stand up straight. There was decreased left lower extremity strength, sensation and an absent ankle reflex. Medications were refilled including ibuprofen 400 mg TID, Percocet at a total MED (morphine equivalent dose) of 60 mg per day, and over the counter Extra strength Tylenol #120. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of ibuprofen ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the requested dosing is within guideline recommendations and medications are providing decreased pain with improved activities of daily living. Ongoing prescribing is medically necessary.