

Case Number:	CM15-0185334		
Date Assigned:	09/25/2015	Date of Injury:	04/30/2007
Decision Date:	11/06/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/21/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 57-year-old male, with a reported date of injury of 04-30-2007. The diagnoses include multi-level lumbar laminectomies L2-L5, L4-5 right foraminal stenosis, multi-level disc bulge at L3-4 and L4-5, multi-level lumbar listhesis at L4-5 and L5-S1, low back pain, displacement lumbar intervertebral disc without myelopathy, spinal stenosis lumbar region without neurogenic claudication, postlaminectomy syndrome lumbar region, thoracic and lumbosacral neuritis and radiculitis, and lumbosacral spondylosis without myelopathy. Treatments to date have included Percocet (since at least 07-2009), Terocin, Pantoprazole, Cyclobenzaprine, Ibuprofen (since at least 05-2015), Methocarbamol, lumbar discogram and intradiscal cortisone injection on 04-04-2014, and Elavil. The diagnostic studies to date have included electrodiagnostic studies on 03-25-2013. The progress report dated 06-26-2015 indicates that the injured worker complained of pain in the lumbar spine and bilateral lower extremities. He rated the pain 8 out of 10 (05-28-2015 and 06-26-2015), and reported that the pain was made worse by changing position, increased activity, and sneezing. The injured worker used a cane for assistance. He stated that his oral medications helped him perform his activities of daily living to the best of his ability. The injured worker denied any side effects to his medications. The physical examination showed an antalgic gait, lumbar extension at 5 degrees, lumbar flexion at 20 degrees, and negative bilateral straight leg raise test. The treatment plan included a prescription for Percocet 10-325mg #120, one by mouth four times a day and Ibuprofen 800mg #60, one tablet twice a day. The injured worker's work status was not indicated. The progress report dated 08-04-2015 indicates that the injured worker had severe low back pain, and his mobility was more limited. The injured worker's pain was increased with not be allowed medications. The objective findings included difficulty getting in and out of chair, a

slow antalgic gait, spasm of the lumbar spine, range of motion deferred due to pain, and use of a walking stick. The injured worker continued to be permanent and stationary. The medical report from which the request originates (dated 08-25-2015) was not included in the medical records provided for review. The treating physician requested Ibuprofen 800mg #60 and Percocet 10-325mg #60. On 09-15-2015, Utilization Review (UR) non-certified the request for Ibuprofen 800mg #60 and modified the request for Percocet 10-325mg #60 to Percocet 10-325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, #60: 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, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, long-term assessment.

Decision rationale: The medical records provided for review do not indicate a medical necessity for Percocet 10/325mg, #60. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the long-term use of opioids in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. When used for longer than 6 months, the MTUS recommends comparing pain and function with baseline values using numerical scale; and reviewing medications and other treatments since the introduction of opioids. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior. The MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been on opioids at least since 2009; the records do not indicate the injured worker is properly monitored for analgesia, activities of daily living, adverse effects; neither is there evidence the pain and function are being compared with baseline values. Therefore, the request is not medically necessary.

Ibuprofen 800mg, #60: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The medical records provided for review do not indicate a medical necessity for Ibuprofen 800mg, #60. Ibuprofen is an NSAID. The MTUS recommends the use of the lowest dose of NSAIDs for the shortest period in patients with moderate to severe pain. Although it is not known how long the injured worker has been on Ibuprofen 800mg, the records indicate the injured worker has been on Ibuprofen at least since 09/2014, the MTUS states that doses of Ibuprofen greater than 400mg have not provided greater relief of pain. The high dose is at the cost of higher side effects, but with no improved benefit. Therefore, the request is not medically necessary.