

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0186621 | | |
| Date Assigned: | 09/28/2015 | Date of Injury: | 04/03/1984 |
| Decision Date: | 11/03/2015 | UR Denial Date: | 08/26/2015 |
| Priority: | Standard | Application Received: | 09/22/2015 |

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: Arizona, California
 Certification(s)/Specialty: 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 is a 63-year-old male with a date of injury of April 3, 1984. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar post laminectomy syndrome, disorders of the sacrum, lumbar post fusion surgery syndrome, chronic pain syndrome, long-term use of medications, and opioid tolerance. Medical records dated June 16, 2015 indicate that the injured worker complains of continued lower back pain and depression. Records also indicate that the injured worker "Continues to have significant functional limitations due to lower back pain". A progress note dated August 18, 2015 notes subjective complaints of chronic lower back pain with limitations in sitting and walking tolerance, and more pain than when he was using Methadone, but has less sedation. Per the treating physician (June 16, 2015), the employee was not working. The physical exam dated June 16, 2015 reveals significant limitation in range of motion of the cervical spine and lumbar spine, and a grossly antalgic gait. The progress note dated August 18, 2015 documented a physical examination that showed an antalgic gait, and spasm and guarding of the lumbar spine. Treatment has included lumbar spine fusion with subsequent hardware failure and revision, use of a cane for ambulation, and medications (Morphine Sulfate since at least 2005; Percocet 10-325mg, Gabapentin 600mg twice a day, and Baclofen 20mg twice a day since at least 2013). The treating physician indicates August 18, 2015) that the injured worker reported overall improved function, with improved sitting and standing tolerance, on the current pain medications and that recent toxicology testing (date not documented) indicated results consistent with the injured worker obtaining opioids only from the treating physician's office. The original utilization review

(August 26, 2015) partially certified a request for Percocet 10-325mg #60 (original request for #120).

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg #120: 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.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Percocet for over 2 years in combination with Morphine. The daily opioid dose exceeds the 120 mg of Morphine equivalent recommended daily. . The continued and chronic use of Percocet with high dose combined opioid dosages is not medically necessary.