

Case Number:	CM15-0187404		
Date Assigned:	09/29/2015	Date of Injury:	06/15/2010
Decision Date:	11/06/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/23/2015

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 49 year old male who sustained an industrial injury on 6-15-10. A review of the medical records indicates he is undergoing treatment for chronic low back pain with left lower extremity radicular pain, L4-L5 mild left foraminal protrusions, L2-L3 and L3-L4 disk protrusions on the left, left knee mild chondromalacia of patella and chronic strain of the iliotibial band with medial collateral ligament abnormality, and chronic spinal pain associated with likely disk annular disruption syndrome and sacroiliac joint pathology with neuropathic dysesthesias. Medical records (3-30-15 to 8-24-15) indicate complaints of right knee pain with soreness, stiffness, tenderness, throbbing, and stabbing. He rates his pain "6 out of 10". He also complains of lumbar back pain with stiffness, numbness in the left leg, and radicular pain in the left leg and hip. He rates this pain "8 out of 10". The physical exam (8-24-15) reveals decreased range of motion in the right knee. The treating provider states "he has findings for subpatellar chondromalacia with crepitation to range of motion testing and guarding against lateral motion, laxity to lateral and medial collateral ligament testing which is fairly significant, and obvious findings for lateral meniscal tear with positive provocative maneuvers". The lumbosacral exam reveals "positive pelvic thrust right, pain with Valsalva right, positive Faber maneuver right, positive Gainslen's maneuver, pain to palpation over the L2 to L3 and L3 to L4 spinous processes, secondary myofascial pain with ropey fibrotic banding and positive stork test bilaterally". Diagnostic studies have included an MRI of the lumbar spine and an MRI of the right knee. Treatment has included a left L4-L5 epidural steroid injection, as well as medications. His current medications (8-24-15) include Acyclovir 800mg tablets, ½ tablet three

times daily, Ambien 10mg at bedtime, Diazepam 10mg every day, Fetzima 40mg every day, Gabapentin 600mg tablets, 2 tablets every 8 hours, Inderal 20mg twice daily, Nucynta ER 50mg, 2 tablets twice daily, and Percocet 10-325, 1 tablet every four hours. He has been receiving Percocet since, at least, 3-30-15. The utilization review (9-1-15) indicates a request for Percocet 10-325 #180, 1 tablet every 4 hours. The determination was to modify to a number of 60 to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet tab 10/325mg #180 1 po Q4 hr: 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 for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in June 2010 and continues to be treated for low back and right knee pain. When seen in August 2015 medications included Percocet and Nucynta ER. Medications are referenced as providing a 70% improvement in pain with attempts at weaning medications resulting in increased pain, suffering, and decreased functional capacity and urine drug screening as showing consistent findings. Physical examination findings included a body mass index of 38. He had decreased right lower extremity strength. There was decreased right knee range of motion with patellar crepitus and ligamentous laxity. There was decreased lower extremity sensation. Right sacroiliac joint testing was positive. MS Contin and Percocet were prescribed. Nucynta ER was no longer being prescribed. The total MED (morphine equivalent dose) was decreased from over 170 mg per day to 120 mg per day. 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 was being prescribed as part of the claimant's ongoing management. There were no identified issues of abuse or addiction and medications were providing decreased pain. The total MED was now 120 mg per day consistent with guideline recommendations. No refills were given. The request can be accepted as being medically necessary.