

Case Number:	CM15-0189455		
Date Assigned:	10/01/2015	Date of Injury:	09/14/2000
Decision Date:	11/18/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/25/2015

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, North Carolina
 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 on 9-14-00. A review of the medical records indicates that the injured worker is undergoing treatment for chronic lower back pain. Progress report dated 8-4-15 reports continued complaints of lower back pain that radiates to the left lateral thigh. It is stated that the injured worker needs a [REDACTED] interpreter. The pain is made worse with prolonged sitting, standing, twisting and bearing down. Lying down, stretching, lumbar support and percocet helps relieve the pain. Percocet provides 50% improvement in pain and allows for increase in activities. The pain is rated 7-8 out of 10 before medication and 4-5 out of 10 after medication. Prior medications tried include: hydrocodone, diazepam and Opana ER. The risks and benefits of opioid use was discussed, the injured worker understands and would like to continue. Physical exam: the lumbar spine is tender and range of motion is restricted due to pain, muscle strength of all limbs is 5 out of 5. Treatments include: medication, physical therapy, chiropractic, injections, functional restorative program, psychotherapy treatment and L5-S1 fusion and L3-S1 laminectomies and foraminotomies January 2014. According to the medical records Opana was changed to percocet on 10/02/14. Request for authorization was made for Percocet 10-325 mg quantity 67 and one [REDACTED] translator. Utilization review dated 9-21-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #67: 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 for chronic pain.

Decision rationale: CA MTUS Guidelines supports the short-term use of opioid analgesics, such as Percocet, for treatment of moderate to severe pain. Long-term use may be appropriate if there is objective reduction in pain and functional improvement and the ability to return to work. In this case, the patient has been taking Percocet since October 2014. Despite long-term use, objective functional improvement has not been documented and there is no documentation of returning to work. Therefore, the efficacy of Percocet is not established. Previous requests for Percocet have been repeatedly modified for the purposes of weaning. An adequate amount of time has passed to accomplish the weaning process, therefore the request is not medically necessary or appropriate.

██████ **translator:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labor Code 4600(a).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labor Code 4600(a).

Decision rationale: CA MTUS/ODG does not address requests for translators. The request for a ████████ translator is not a medical necessity as translator services is not a medical service. Translator services are not required for the cure or relief of industrial injuries. This request falls outside the scope of utilization review. Therefore the request for a ████████ translator is not medically necessary or appropriate.