

Case Number:	CM15-0189887		
Date Assigned:	10/06/2015	Date of Injury:	10/29/2014
Decision Date:	11/12/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/28/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 32 year old male, who sustained an industrial injury on 10-29-14. The injured worker was diagnosed as having lumbar radiculopathy, lumbar sprain and status post lumbar spine surgery. Medical records (6-11-15 through 7-23-15) indicated continuous low back pain, with radiating pain into the left lower extremity. The injured worker rated his pain 6-7 out of 10 at best and 10 out of 10 at worst. The physical exam (7-2-15 through 7-23-15) revealed Lumbar flexion is 40 degrees and extension is 10 degrees, right lateral bending is 20 degrees and left lateral bending is 30 degrees. There was also a positive straight leg raise test on the left. As of the PR2 dated 8-20-15, the injured worker reports continuous low back pain that radiates into the left lower extremity. He rates his pain 6 out of 10 at best and 10 out of 10 at worst. Objective findings include deep tendon reflexes are normal and equal bilaterally, a moderate antalgic gait and a moderate limp. Lumbar flexion is 40 degrees, extension is 10 degrees, right lateral bending is 20 degrees and left lateral bending is 30 degrees. Current medications include Gabapentin and Percocet (since at least 6-11-15). Treatment to date has included physical therapy (number of sessions not provided) and Cyclobenzaprine. The treating physician requested a Utilization Review for Percocet 10-325mg #120. The Utilization Review dated 8-28-15, non-certified the request for Percocet 10-325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Pain, Chronic, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, steps to avoid misuse/addiction.

Decision rationale: Percocet 10/325mg quantity 120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the MTUS recommended "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation does not reveal evidence of objective increase in function or that MTUS opioid prescribing guidelines are being clearly followed therefore the request for Percocet is not medically necessary.