

Case Number:	CM15-0194772		
Date Assigned:	10/08/2015	Date of Injury:	09/30/1999
Decision Date:	11/18/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/05/2015

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 53 year old male, who sustained an industrial injury on 09-30-1999. Work status is noted as "defer to PTP (primary treating physician)" and not clearly noted in medical records. Medical records indicated that the injured worker is undergoing treatment for chronic neck pain, status post anterior cervical discectomy at C6-7 with bilateral foraminotomy and interbody fusion, chronic lower back pain, status post L4-5 and L5-S1 fusion, and depression. Treatment and diagnostics to date has included a consistent urine drug screen dated 01-05-2015, Toradol injections, and use of medications. Current medications include Lyrica, OxyContin, and Percocet. After review of progress notes dated 07-08-2015 and 08-05-2015, the injured worker reported back and cervical spine pain rated 10 out of 10 at its worst without medications, least pain level is 3 out of 10, and average pain level is 5 out of 10 with medications and injections. Current pain level was noted as 7 out of 10. Objective findings included limited cervical and lumbar range of motion and tenderness to palpation to neck and back. The Utilization Review with a decision date of 09-14-2015 non-certified the request for Percocet 10-325mg #240 and cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Percocet 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing.

Decision rationale: The claimant has a remote history of a work injury occurring in September 1999 and continues to be treated for intractable back pain. Diagnoses include cervical and lumbar post laminectomy syndrome and radiculopathy. In July 2015 medications included OxyContin and oxycodone at an MED (morphine equivalent dose) of 210 mg per day. When seen in August 2015, medications are referenced as decreasing pain from 10/10 to 5/10. He was having low back pain, which was stable, and severe neck pain with shooting symptoms. Physical examination findings included a body mass index of 28. He had limited cervical and lumbar range of motion with mild tenderness. There was no neurological examination documented. A Toradol injection was administered. Authorization for a cervical epidural injection due to increased pain was requested. Medications were continued at the same doses. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 1.5 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level, and weaning of the currently prescribed medications is not being actively done. Ongoing prescribing of Percocet at this dose is not considered medically necessary.

1 Cervical Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The claimant has a remote history of a work injury occurring in September 1999 and continues to be treated for intractable back pain. Diagnoses include cervical and lumbar post laminectomy syndrome and radiculopathy. In July 2015 medications included OxyContin and oxycodone at an MED (morphine equivalent dose) of 210 mg per day. When seen in August 2015, medications are referenced as decreasing pain from 10/10 to 5/10. He was having low back pain which was stable and severe neck pain with shooting symptoms. Physical examination findings included a body mass index of 28. He had limited cervical and lumbar range of motion with mild tenderness. There was no neurological examination documented. A Toradol injection was administered. Authorization for a cervical epidural injection due to increased pain was requested. Medications were continued at the same doses. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that support a diagnosis of radiculopathy.

The requested epidural steroid injection is not considered medically necessary.