

Case Number:	CM15-0197318		
Date Assigned:	10/12/2015	Date of Injury:	12/04/2002
Decision Date:	11/30/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/07/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 64 year old male who reported an industrial injury on 12-4-2002. His diagnoses, and or impressions, were noted to include: mechanical low back pain; bilateral sacroilitis; chronic left lumbar radiculopathy; severe bilateral lumbosacral foraminal stenosis; myofascial pain syndrome; lumbar degenerative disc disease; multi-level central and foraminal stenosis; right foot drop; new onset right leg weakness; and right lumbar radiculopathy. Recent magnetic imaging studies of the lumbar were said to be done on 7-27-2015, noting impingement; and electrodiagnostic studies of the lower extremities, noting normal findings. His treatments were noted to include medication management. The progress notes of 7-27-2015 reported: pain and discomfort of the low back resulting in difficulty performing activities of daily living. The objective findings were noted to include: an overweight male; bent forward by 50 degrees and tilted by 25 degrees to the right while standing; a significantly unstable gait with dragging his right leg behind him, and difficulty using a walker; severe stiffness of the right para-spinous and buttock muscles; moderate-severe tenderness of the right sacroiliac joint; a swollen right ankle; and decreased strength in the right lower extremity. The physician's request for treatments Percocet 10-325 mg, 4 pills a day as needed. The request for authorization, dated 9-10-2015, was for Percocet 10-325 mg, 4 x a day, #120 with 2 refills. The Utilization Review of 9-16-2015 non-certified the request for Percocet 10-325 mg, one 4 x a day, #120 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg 1 four times a day #120 Refills: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

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

Decision rationale: The patient presents with pain affecting the low back and bilateral lower extremities. The current request is for Percocet 10/325mg 1 four times a day #120 Refills: 2. The treating physician report dated 7/27/15 (6B) states, "He is having more issues with weakness in his legs. He uses Percocet 3-4 tabs a day. He denies any side effects or complications from the medications." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient has been taking Percocet since at least 4/13/15 (16B). The report dated 7/27/15 (6B) does not note the patient's current pain level. No adverse effects or adverse behavior were discussed by the patient. The patient's last urine drug screen was not available for review and there is no evidence provided that shows the physician has a signed pain agreement or cures report on file. In this case, all four of the required A's are not addressed, the patient's pain level has not been assessed at each visit, and functional improvement has not been documented. Furthermore, the current request for 2 refills without documentation of functional improvement is not supported. The MTUS guidelines require much more documentation to recommend the continued usage of Percocet. The current request is not medically necessary.