

Case Number:	CM15-0197482		
Date Assigned:	10/13/2015	Date of Injury:	07/30/2012
Decision Date:	11/24/2015	UR Denial Date:	09/30/2015
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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 43-year-old male, who sustained an industrial injury on 7-30-2012. The injured worker is being treated for lumbar post laminectomy syndrome, left foot drop and chronic pain syndrome. Treatment to date has included surgical intervention (L5-S1, undated, and right wrist, undated), diagnostics, medications, functional restoration program, and home exercise. Per the Primary Treating Physician's Progress Report dated 9-21-2015, the injured worker presented for reevaluation of lower back pain. He continues to report pain to his lumbar region with intermittent radiating pain to his buttocks. He reported continuing numbness and tingling sensation to the left leg, which is now also present in the right leg. Regular exercise has helped distract him from his symptoms. Objective findings included an antalgic gait related to left foot drop. There was limited range of motion of the lumbar spine due to pain, extension greater the flexion, with multiple myofascial trigger points to the lumbar paraspinous musculature. Percocet has been prescribed since at least 4-06-2015. Current medications include Percocet, Cyclobenzaprine, and Amitriptyline. The notes from the provider do not document efficacy of the prescribed medications. He notes that he has been doing a home exercise program and weaning off Percocet. He is sleeping better with the use of medications. CURES was compliant as of 9-21-2015. Work status was "disabled." The plan of care included continuation of home exercises and medications. Authorization was requested on 9-24-2015 for Percocet 10-325mg #90. On 9-28-2015, Utilization Review modified the request for Percocet 10-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg #90: Upheld

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

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

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no evidence of recent urine drug testing. The request for Percocet 10/325 mg #90 is not medically necessary.