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| Case Number: | CM15-0198713 | | |
| Date Assigned: | 10/14/2015 | Date of Injury: | 01/06/2010 |
| Decision Date: | 11/20/2015 | UR Denial Date: | 09/16/2015 |
| Priority: | Standard | Application Received: | 10/09/2015 |

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: 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:

The injured worker is a(n) 36 year old female, who sustained an industrial injury on 1-6-10. The injured worker was diagnosed as having lumbar radiculitis and status post lumbar spine microdiscectomy. Medical records (3-18-15 through 5-29-15) indicated 6-8 out of 10 pain in the lower back. The physical exam (5-29-15 through 7-17-15) revealed a positive straight leg raise test and tenderness to palpation in the lumbar spine. As of the PR2 dated 8-24-15, the injured worker reports 8 out of 10 pain in her back. Objective findings include difficulty standing from a seated position and a positive straight leg raise test. The treating physician noted that the injured worker's pain is reduced below 50% with current medications. Current medications include Norco and Percocet (since at least 4-2-15). The treating physician noted that the previous urine drug screen was consistent "as the meds haven't been approved". Treatment to date has included Soma, Gabapentin, Colace and Xanax. The treating physician requested Percocet 10-325mg #90. The Utilization Review dated 9-16-15, non-certified 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 10/325mg 1 tab PO TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

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

Decision rationale: When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox- AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function or how the medication improves activities. The work status is not mentioned. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.