

Case Number:	CM15-0198747		
Date Assigned:	10/14/2015	Date of Injury:	11/23/2009
Decision Date:	11/20/2015	UR Denial Date:	09/23/2015
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 48 year old female, who sustained an industrial injury on 11-23-2009. The injured worker is currently off work. Medical records indicated that the injured worker is undergoing treatment for lumbar radiculopathy, lumbar spinal stenosis, lumbar degenerative disc disease, and chronic labral tear to left shoulder. Treatment and diagnostics to date has included physical therapy and medications. Recent medications have included Percocet, Ibuprofen, Omeprazole, and Tramadol. After review of progress notes dated 08-10-2015 and 09-08-2015, the injured worker reported left shoulder, lower back, bilateral hip, and right knee pain rated 10 out of 10 without medications and 6-9 out of 10 with medications. Objective findings included positive bilateral straight leg raise test and slowed antalgic gait on the right. The Utilization Review with a decision dated 09-23-2015 non-certified the request for Percocet 5-325mg QID (four times a day) #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #120: Upheld

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

pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): 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 documented significant decrease in objective pain measures such as VAS scores for significant periods of time with pain decreased from a 10/10 to a 6/10. 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.