

Case Number:	CM15-0199363		
Date Assigned:	10/14/2015	Date of Injury:	06/07/2001
Decision Date:	11/23/2015	UR Denial Date:	09/10/2015
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: California

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 48 year old female, who sustained an industrial injury on 6-7-01. The injured worker has complaints of thoracic spine pain, which radiates to her left ribcage and low back pain that radiates to the legs, which is worse on the right leg. The injured worker noticed increased left foot pain after the removal of the spinal cord stimulation. The aggravating factors are sitting, standing, walking, bending and lifting. Straight leg raise is positive on the left. The diagnoses have included pain in thoracic spine; lumbago; thoracic or lumbosacral neuritis or radiculitis, unspecified and chronic pain syndrome. Treatment to date has included spinal cord stimulation removed on June 1st; percocet; flexeril; ambien; lidoderm patch; motrin and left knee surgery times 3. The original utilization review (9-10-15) modified the request for percocet tablets 10-325mg, #120 with no refills to 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 tablets 10/325mg, #120 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, specific drug list, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Opioids for Chronic Pain.

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

Decision rationale: The requested Percocet tablets 10/325mg, #120 with no refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, pages 78-80, Opioids for Chronic Pain, pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has increased left foot pain after the removal of the spinal cord stimulation. The aggravating factors are sitting, standing, walking, bending and lifting. Straight leg raise is positive on the left. The diagnoses have included pain in thoracic spine; lumbago; thoracic or lumbosacral neuritis or radiculitis, unspecified and chronic pain syndrome. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above, not having been met, Percocet tablets 10/325mg, #120 with no refills is not medically necessary.