

Case Number:	CM15-0199842		
Date Assigned:	10/15/2015	Date of Injury:	11/06/2001
Decision Date:	11/23/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/12/2015

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, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 55 year old male, who sustained an industrial injury on 11-6-01. The injured worker was diagnosed as having lumbar herniated disc; facet syndrome; failed back syndrome. Treatment to date has included status post L5-S1 discectomy, L5-S1 anterior fusion-instrumentation L4-L5 decompression-interbody fusion, posterolateral fusion with instrumentation L4 to S1 (no date); physical therapy; medications. Currently, the PR-2 notes dated 9-21-15 indicated the injured worker presented to this office for an evaluation of back pain, low back pain and lumbar complaints. Severity of the condition is documented by the provider as "7 on a scale of 1-10 with 10 being the worst." The injured worker reports the back pain as aching, burning, constant, sharp, stabbing, throbbing, shocking, shoots down legs, shoots down left leg and nerve pain. He complains of back stiffness and indicates back extension, flexion, lifting, standing, sitting worsens the condition, along with left hip extension and flexion make it worse. He also presents for the evaluation of pain and notes the condition is located in the lumbar spine and radiates to the left leg and is described as aching, chronic, and shooting. The provider documents the severity of this condition as 4 on a scale of 1-10 with 10 being worst. He reports the pain occurs throughout the day and experiencing limited movement and stiffness. The injured worker reports continuing note of substantial benefit of the medications and he has nociceptive, neuropathic and inflammatory pain. The provider notes no evidence of drug abuse or diversion, no aberrant behavior observed. The provider remarks the UDS on March 27, 2015 is the most recent with no signs of illicit drug abuse, diversion, and habituation and is on the lowest dosing. He also notes the injured worker "has attempted to wean the medications with increased pain,

suffering and decreased functional capacity, however, he is uncomfortable with the use of pain medications as the side effects of the oral pain medications." The medical documentation submitted for review indicates Percocet was requested on 7-9-15 as "Percocet 10-325mg #180 and 5." A Request for Authorization is dated 10-12-15. A Utilization Review letter is dated 9-28-15 and modified the certification for Percocet 10/325 mg #60 to allow #45 with no refills. A request for authorization has been received for Percocet 10/325 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg #60: Upheld

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

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

Decision rationale: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The request for percocet is not medically necessary or substantiated in the records.