

Case Number:	CM15-0202784		
Date Assigned:	10/19/2015	Date of Injury:	09/14/1999
Decision Date:	11/30/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/15/2015

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: Arizona, California

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:

This 65 year old female sustained an industrial injury on 9-14-99. Documentation indicated that the injured worker was receiving treatment for lumbar degenerative disc disease with facet arthropathy, sciatica and lumbar post laminectomy syndrome. Previous treatment included physical therapy, back brace, home exercise, lumbar fusion (2001), injections, epidural steroid injections and medications. Past medical history was significant for anxiety, depression and myocardial infarction. In a PR-2 dated 6-24-15, the injured worker complained of ongoing low back pain rated 4 out of 10 on the visual analog scale with medications. In a PR-2 dated 8-5-15, the injured worker complained of pain rated 9 out of 10. In a PR-2 dated 9-2-15, the injured worker complained of lumbar spine pain with radiation to bilateral lower extremities and groin, rated 6 out of 10 on the visual analog scale. The physician noted that normally her pain was 4 to 5 out of 10 with medications. The injured worker reported having no significant relief from caudal epidural steroid injections performed on 7-16-15. Right L3-S1 facet injection (8-21-15) and left L3-S1 facet injection (8-31-15) provided relief for approximately 10 to 12 hours. The injured worker reported having continued benefit from Percocet which reduced her pain to 4 out of 10 and lasted for 1.5 hours. The physician noted that the injured worker was prescribed Gabapentin by her primary care physician and had previously failed Lyrica. The injured worker remained "very active" with volunteering 3 to 4 hours per day for two hours per day. Physical exam was remarkable for lumbar spine with tenderness "all over", positive bilateral facet loading test and positive right straight leg raise. The injured worker could not do flexion and extension movement. The injured worker had been prescribed Percocet since at least 6-24-15. The

treatment plan included refilling medications (Morphine ER and Percocet). On 10-9-15, Utilization Review modified a request for Percocet 10-325mg #180 with five refills to Percocet 10-325mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Percocet 10/325mg, #180 with 5 refills: 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, criteria for use, Opioids for chronic pain.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Percocet for several months. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. Future need cannot be predicted. The continued and chronic use of Percocet with 5 refills is not medically necessary.