

Case Number:	CM15-0206024		
Date Assigned:	10/22/2015	Date of Injury:	10/05/1992
Decision Date:	12/07/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/20/2015

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: Physical Medicine & Rehabilitation

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 62 year old female, who sustained an industrial injury on 10-05-1992. A review of the medical records indicates that the worker is undergoing treatment for lumbar stenosis, lumbar radiculopathy and anterolisthesis. Subjective complaints (07-30-2015) included low back pain and numbness and tingling radiating to the bilateral lower extremities. The worker was noted to be taking Percocet every other night for pain and that she was noting functional improvement and improvement of pain with current pain regimen. Pain without medication was rated as 10 out of 10 and pain with medication was rated as 7 out of 10. The worker was noted to be scheduled for laminectomy and fusion on 08-03-2015 and was noted to have been given a prescription for Percocet for postoperative pain but that it was not signed so she was unable to fill it. Objective findings (07-30-2015) showed tenderness of the lumbosacral spine, muscle spasms, myofascial trigger points, decreased range of motion, positive left sided straight leg raise and diffuse sensory deficit of the left lower extremity. The physician noted that a prescription for Percocet for postoperative pain was given. Documentation shows that the injured worker had lumbar laminectomy of L4, L5 and S1 with posterior lumbar fusion at L4-L5 and autograft and allograft performed on 08-03-2015 due to failure of conservative treatment including physical therapy, chiropractic therapy, water therapy and non-steroidal anti-inflammatory drugs. Percocet was also noted as being prescribed since at least 03-31-2015. The injured worker received physical therapy and was discharged on 08-09-2015. Subjective complaints (09-22-2015) included low back pain that had improved a great deal after lumbar surgery and was rated as 0 out of 10. The worker was noted to be utilizing Oxycodone for pain

and Neurontin twice a day. Objective findings (09-22-2015) included well healed incision scar in the midline lower lumbar spine and good sensation to light touch in the bilateral lower extremities. A utilization review dated 10-12-2015 non-certified a request 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 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The current request is for Percocet 10/325MG #60. Treatment history include lumbar laminectomy of L4, L5 and S1 with posterior lumbar fusion at L4-L5 and autograft and allograft performed on 08/03/15, injections, physical therapy, chiropractic therapy, water therapy and medications. The patient is not working. MTUS, criteria for use of opioids section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 09/22/15, the patient is status post lumbar surgery on 08/03/15 and reports that the low back pain improved "a great deal" after the surgery. The patient reports utilizing Percocet for pain, ondansetron for nausea, and Neurontin. With the use of Percocet her pain reduces from 10/10 to 7/10. She notes improvement with activities of daily living, as well as increased ability to sit, stand, sleep and walk. The treater states "opioid treatment agreement was reviewed with the patient and the patient agrees to abide." UDS is administered to monitor compliance, and the patient reports no side effects with medications. In this case, the 4A's have been addressed, and adequate documentation has been provided including numeric scales and functional measures. The request appears to be in accordance with guidelines. Therefore, this request is medically necessary.