

Case Number:	CM15-0207021		
Date Assigned:	10/23/2015	Date of Injury:	03/22/2014
Decision Date:	12/04/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/21/2015

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: Florida

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 is a 28 year old male who sustained an industrial injury on 3-22-2014. A review of the medical records indicates that the injured worker is undergoing treatment for low back pain due to degenerative disc disease and annular tears at L4-L5 and L5-S1 and bilateral L5 radiculopathies. According to the progress report dated 9-28-2015, the injured worker complained of low back pain and bilateral leg pain with numbness and tingling. He rated his back pain 9 out of 10. He noted that the effectiveness of Norco had been decreasing as a breakthrough pain medication. He rated his pain 8 out of 10 on 8-3-2015. Per the treating physician (9-28-2015), the work status was modified duty. Objective findings (9-28-2015) revealed tenderness to palpation at the L4-L5 and L5-S1 disc spaces. Active range of motion in the lumbar spine was limited due to guarding of his low back pain. Treatment has included epidural steroid injection, physical therapy, home exercise program and medications. The injured worker has been prescribed MS Contin since at least 5-2015, Percocet was prescribed on 9-28-2015. Previous medications include Norco, Ultracet and Flexeril. The original Utilization Review (UR) (10-16- 2015) denied requests for MS Contin and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg in the morning and in the evening 30mg: Upheld

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

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

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of continued functional improvement. Likewise, this requested chronic narcotic pain medication is not medically necessary.

Percocet 10/325mg #60: Upheld

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

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

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of continued functional improvement. Likewise, this requested chronic narcotic pain medication is not medically necessary.