

Case Number:	CM15-0211340		
Date Assigned:	10/30/2015	Date of Injury:	04/04/2012
Decision Date:	12/11/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	10/27/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This is a 35 year old male with a date of injury of April 4, 2012. A review of the medical records indicates that the injured worker is undergoing treatment for degenerative disc disease of the lumbar spine, L5 bilateral spondylosis, L5-S1 grade I anterolisthesis, retrolisthesis at L3-4 and L4-5, lumbar radiculopathy, multiple herniated nucleus pulposus of the thoracic spine, and degenerative disc disease of the cervical spine. Medical records dated June 18, 2015 indicate that the injured worker complained of neck pain rated at a level of 7 to 8 out of 10 radiating to the upper back and bilateral shoulders, aching pain in the left chest, mid back pain radiating to the low back, and lower back pain rated at a level of 8 to 9 out of 10 radiating down the bilateral legs with numbness. A progress note dated September 30, 2015 documented complaints of neck pain rated at a level of 7 to 8 out of 10 radiating to the bilateral shoulders, weakness of the left upper extremity, mid back pain rated at a level of 7 to 8 out of 10 radiating to the left rib cage, weakness of the mid back, and lower back pain rated at a level of 8 to 9 out of 10 radiating down the bilateral legs with numbness and tingling. Per the treating physician (September 30, 2015), the employee was permanent and stationary and was not working. The physical exam dated June 18, 2015 reveals tenderness to palpation of the cervical, thoracic, and lumbar spine with spasms, diminished sensation of the left C5-C8 dermatomes, diminished sensation of the left L3-S1 dermatomes, hyperreflexia of the bilateral biceps, brachioradialis, triceps, patellar and Achilles reflexes, and positive straight leg raise testing bilaterally. The progress note dated September 30, 2015 documented a physical examination that showed no changes since the examination performed on June 18, 2015. Treatment has included eight sessions of chiropractic treatments in

2013 with minimal relief, twenty-three sessions of acupuncture in 2012 with minimal relief, and medications (Percocet since at least January of 2015; Prilosec, Orphenadrine). The treating physician did not document results of recent urine drug screens in the submitted records. The utilization review (October 26, 2015) partially certified a request for Percocet 10-325mg #81 (original request for #90 with one refill).

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #90 with 1 refill: Upheld

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): Opioids, criteria for use.

Decision rationale: Percocet 10/325mg #90 with 1 refill is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation does not reveal evidence of an objective urine drug screen for review. The documentation is not clear that Percocet has caused significant objective increase in function. The MTUS does not support ongoing opioid treatment without evidence of efficacy therefore the request for a refill would not be appropriate. For all of these reasons, the request for Percocet is not medically necessary.