

Case Number:	CM15-0212521		
Date Assigned:	11/02/2015	Date of Injury:	03/19/2004
Decision Date:	12/15/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/28/2015

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: Massachusetts

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

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 38 year old male who sustained an industrial injury on 03-19-2004. A review of the medical records indicated that the injured worker is undergoing treatment for degenerative disc disease with radiculopathy. The injured worker is status post decompression and fusion L5-S1 in 2007 and posterior revision in 09-2012. According to the treating physician's progress report on 10-09-2015, the injured worker continues to experience low back pain radiating to the left lower extremity with buckling at times and rated as 5 out of 10 with medications and 8 out of 10 on the pain scale without medications. Examination demonstrated minimal lumbar tenderness with range of motion decreased approximately 50%. Deep tendon reflexes, sensation and motor strength of the bilateral lower extremities were intact except for mild weakness at the left L5-S1. Straight leg raise and bowstring tests were positive on the left. The injured worker had a normal gait with inability to heel or toe walk. Prior treatments have included diagnostic testing, surgery, lumbar epidural steroid injection, chiropractic therapy, physical therapy and medications. Current medications were listed as Percocet (at least since 05-2015), Flexeril, Celebrex and Ambien. Urine drug screening was performed on 10-09-2015 and reported as consistent with prescribed medications. Treatment plan consists of magnetic resonance imaging (MRI) and X-rays of the lumbar spine and the current request for Percocet 10mg-325mg #90. On 10-20-2015, the Utilization Review determined the request for Percocet 10mg-325mg #90 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #90 (Oxycodone/ Acetaminophen): Overturned

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, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury in March 2004 when lifting a wire spool. He had a lumbar fusion at L5/S1 in March 2007 and a second surgery was done in June 2007. A revision fusion at L5/S1 was done in September 2012 due to a failure of the previous fusion. He improved for a few months after the last surgery but then progressively worsened. When seen, he was having low back pain radiating into the left lower extremity. Medications were decreasing pain from 8/10 to 5/10. Physical examination findings included mild bilateral upper extremity numbness and left lower extremity weakness. Left lower extremity neural tension signs were positive. There was decreased lumbar range of motion. Urine drug screening was performed. Percocet is being requested at a total MED (morphine equivalent dose) of 45 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Percocet (Oxycodone/Acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.