MAXIMUS Federal Services

Case Number:	CM15-0214889		
Date Assigned:	11/04/2015	Date of Injury:	01/19/1996
Decision Date:	12/15/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/02/2015

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:

The injured worker is a 37 year old female, who sustained an industrial injury on 1-19-96. The injured worker is diagnosed with post lumbar laminectomy and discectomy, multilevel lumbar disc protrusion, spondylosis and central and neuroforaminal stenosis, low back pain consistent with facet arthropathy and facet syndrome and bilateral trochanteric bursitis. Notes dated 9-10-15 and 10-13-15 reveals the injured worker presented with complaints of constant, severe low back pain that radiates to her bilateral lower extremities described as burning that is "debilitating." She reports difficulty engaging in household activities and caring for her disabled child. Physical examinations dated 7-13-15, 9-10-15 and 10-13-15 revealed "significant" guarding and muscle tension in the lumbar paraspinal region. There is restricted lumbar range of motion in all planes due to pain. An altered posture is noted with sitting and standing. The straight leg raise elicits a burning pain in the lower extremities. She experiences difficulty heel and toe walking due to "seemingly progressively weakening in the lower extremities." Treatment to date has included L4-L5 lumbar laminectomy and discectomy, physical therapy, which resulted in continued pain per note dated 10-13-15. Medications; Percocet (5-2015), Gabapentin, Feldene and Naprosyn (discontinued due to stomach upset) reduces her pain from 9+ out of 10 to 4-5 out of 10, per note dated 10-13-15. The note also states the injured worker is able to continue an independent lifestyle with the medication; however she is experiencing increased restrictions in her daily activities (she has a pending surgical intervention). The CURES report is consistent with prescribed medications per note dated 10-13-15, there is a signed opioid agreement and she scored a 5 on the risk screen. Diagnostic studies include a lumbar spine MRI, CT scan and a urine toxicology screen dated 9-10-15 is consistent with prescribed medications per note dated 10-13-15. A request for authorization dated 9-10-15 for Percocet 10-325 mg #120 is modified to #30, per Utilization Review letter dated 10-23-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Percocet 10/325mg #120: 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 for chronic pain, Opioids for neuropathic 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, Tricyclic or weaning failure. The continued use of Percocet is not medically necessary.