

Case Number:	CM15-0215487		
Date Assigned:	11/05/2015	Date of Injury:	03/02/2010
Decision Date:	12/16/2015	UR Denial Date:	10/01/2015
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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 61 year old male who sustained an industrial injury on 3-2-2010. A review of the medical records indicates that the injured worker is undergoing treatment for status post L5-S1 global arthrodesis for an unstable grade 1-2 spondylolisthesis (5-7-2015), moderate to severe foraminal stenosis with rolled disc, nerve root compression, sciatica and right shoulder arthropathy status post recent repair. On 6-25-2015, the injured worker rated his average pain 3-5 out of 10, going up to 8-9 out of 10 with increased activity. On 7-17-2015 and 8-14-2015, the injured worker complained of pain in his head, upper back, shoulders, elbow and wrists with radiation to both arms. He complained of pain in the mid back, lower back, knees, ankles and feet with radiation to both legs. He rated his average pain as 5 out of 10, least pain as 3 out of 10 and worst pain as 8 out of 10. According to the progress report dated 8-18-2015, the injured worker complained of low back and right leg pain. He reported numbness, tingling and a feeling of water running on his left thigh and calf and a hammered nail sensation in his groin. He stated his right leg felt colder than the left. Per the treating physician (8-14-2015), the injured worker was temporarily totally disabled. Objective findings (8-18-2015) revealed standing range of motion was 45 degrees. Heel walking, toe walking and heel to toe raising were diminished on the right. Treatment has included L5-S1 global arthrodesis (5-7-2015) and medications. The treatment plan (8-18-2015) was for Percocet (since at least 6-2015), Robaxin, Tramadol, computed tomography of the lumbar spine and ultrasound of the right groin. The request for authorization was dated 8-26-2015. The original Utilization Review (UR) (10-1-2015) modified a request for Percocet from #240 to #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Weaning of Medications.

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

Decision rationale: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity is not substantiated in the records. The request is not medically necessary.