

Case Number:	CM15-0216680		
Date Assigned:	11/06/2015	Date of Injury:	08/10/2010
Decision Date:	12/22/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/03/2015

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: North Carolina, Georgia
 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 47 year old female who sustained an industrial injury on 8-10-10. The injured worker reported "radicular symptoms". A review of the medical records indicates that the injured worker is undergoing treatments for sacroiliitis, post laminectomy syndrome of lumbar region, and degeneration of lumbar or lumbosacral intervertebral disc. Medical records dated 10-20-15 indicate aching, sharp, shooting and burning type of pain rated at 7 out of 10. Medical records dated 11-17-15 indicate pain rated at 8 out of 10. Provider documentation dated 10-20-15 noted the work status as working part-time. Treatment has included lumbar spine magnetic resonance imaging, radiographic studies, epidural steroid injection, Percocet since at least June of 2015, Nortriptyline since at least June of 2015, Lyrica since at least June of 2015, Diclofenac since at least June of 2015, and Naprosyn since at least June of 2015. Provider documentation dated 11-17-15 noted Percocet decreases pain by 70-80% and improves her functioning allowing her to work full time, care for her animals, yard and house work. Objective findings dated 10-20-15 were notable for "stable with a failed back syndrome and continued pain". Objective findings dated 11-17-15 were notable for lumbar spine with pain upon range of motion, left lower medial leg with decreased sensation to light touch, "tenderness in the right PSIS and right GM area". The treating physician indicates that the urine drug testing result (8-18-15) showed no aberration. The original utilization review (10-28-15) denied a request for Percocet 10-325mg #90 Rx date 10-20-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #90 Rx date 10/20/15: Overturned

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

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

Decision rationale: CA MTUS allows for the use of opioid medication, such as Percocet, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does use a validated method of recording the response of pain to the opioid medication and documents functional improvement, including her ability to work full time. Therefore, the record does support medical necessity of ongoing opioid therapy with Percocet; the request is medically necessary.