

Case Number:	CM15-0218204		
Date Assigned:	11/10/2015	Date of Injury:	12/12/2014
Decision Date:	12/23/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/05/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 35 year old female with an industrial injury date of 12-12-2014. Medical record review indicates she is being treated for intervertebral disc degeneration lumbosacral region, dorsalgia and muscle spasm of back. Subjective complaints (10-16-2015) included back pain radiating from low back down left leg. The injured worker reported pain had increased since last visit. She rated her pain with medications as 4 out of 10 and without medications as 7 out of 10. She reported that Percocet had caused some anxiety. Work status (10-16-2015) is documented as working full time - modified duty with the restriction to change position frequently as necessary. Current medications (10-16-2015) included Nabumetone, Percocet (at least since 09-11-2015), Levothyroxine and Prozac. Prior medications included Tylenol and Salsalate (Ibuprofen allergy). Trazodone and Salsalate were stopped due to limited efficacy. Prior treatments included at least 10 sessions of physical therapy "which provided her with mild pain relief." Other treatments included at least 5 sessions of acupuncture and medications. Physical exam (10-16-2015) noted normal gait. Lumbar facet loading was positive on both sides. There was tenderness to palpation over the posterior spine elements. "The patient appears to be calm and in moderate pain." On 10-23-2015 the request for Percocet 10-325 mg # 30 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #30: 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, criteria for use.

Decision rationale: Percocet 10/325 mg #30 is not medically necessary. Per MTUS, page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. Although there is documentation of improved pain with the medication, there is long term use with side effects to the medication and lack of documentation of compliance monitoring. The claimant has long-term use with this medication and there was a lack of documentation of improved function with this opioid; therefore the requested medication is not medically necessary.