MAXIMUS Federal Services

Case Number:	CM15-0226145		
Date Assigned:	11/24/2015	Date of Injury:	04/05/2013
Decision Date:	12/31/2015	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	11/17/2015

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:

The injured worker is a 37 year old male with an industrial injury date of 04-05-2013. Medical record review indicates he is being treated for chronic nonmalignant pain of the low back, chronic lumbosacral radiculopathy and elevated ALT. The injured worker presented on 10-20-2015 with complaints of chronic pain in lumbar spine with radiation of pain to lower extremities bilaterally. He rates the pain as 7 out of 10 with Norco and Flexeril. Without medications, it is rated as 9-10 out of 10. Current medications (10-20-2015) included Flexeril, Ambien, Percocet and Lunesta (10-20-2015). The treating physician noted: "We would like to decrease intake of acetaminophen. We offered him to decrease it to 90 tablets; however clearly his pain would be sub optimally controlled considering his candidacy for the lumbar spine fusion. Therefore, we decided to provide him with Percocet 10 mg half tablet twice a day and Percocet 7.5 mg twice a day. Flexeril will be refilled. He is currently taking Ambien for sleep; however, he does not tolerate it well and therefore Lunesta 1 mg will be provided instead." Prior medications included Norco, Zanaflex and Ambien. Physical exam noted the injured worker was "visibly uncomfortable." Spasm and tenderness was observed over the paravertebral muscles of the lumbar spine with decreased range of motion on flexion and extension. Dysesthesia was noted in the lumbar 5-sacral 1 dermatomal distribution bilaterally. On 11-06-2015 the request for Percocet 7.5 mg twice a day count # 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 7.5mg #30 twice a day: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and 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.

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. Therefore is not medically necessary.