

Case Number:	CM15-0031223		
Date Assigned:	02/24/2015	Date of Injury:	01/07/2008
Decision Date:	04/03/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/19/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 48-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 7, 2008. In a Utilization Review Report dated February 12, 2015, the claims administrator denied lumbar MRI imaging and partially approved Percocet. The claims administrator referenced an RFA form of January 23, 2015 in its determination. The applicant's attorney subsequently appealed. On January 23, 2015, the applicant reported persistent complaints of low back pain radiating to the left leg, highly variable, 3-10/10. The applicant also reported ancillary complaints of depression, anxiety, and altered mood. The applicant's medications include Percocet, Celexa, and Voltaren. The applicant was asked to pursue lumbar MRI imaging. The treating provider stated that the applicant was considering a spinal cord stimulator trial versus a consultation to consider lumbar spine surgery. The applicant's work status was not clearly outlined, although it did not appear that the applicant was working. On February 4, 2015, the applicant reported persistent complaints of low back pain. The applicant was described as a candidate for lumbar spine surgery. Highly variable 7-10/10 low back pain was noted. The applicant reported lifting, sitting, bending, and any kind of physical activities made his pain complaints worse. Percocet, lumbar MRI imaging, Voltaren gel, Celexa, and a spine surgery consultation were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg qty :210.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of medications Page(s): 78-80, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Percocet, a short acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work. The treating provider suggested that the applicant was having difficulty performing activities of daily living as basis as standing, walking, lifting, carrying, pushing, and pulling, despite ongoing Percocet usage. Pain complaints consistently ranging from 7-10/10 or greater were reported. All of the foregoing, taken together, did not make a compelling case for continuation of Percocet. Therefore, the request was not medically necessary.

Lumbosacral MRI qty: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: Conversely, the request for lumbar MRI imaging was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, the treating providers have reiterated on progress notes of January and February 2015 that the applicant is actively considering lumbar spine surgery for progressive worsening lower extremity radicular pain complaints. Moving forward with a lumbar MRI imaging as a precursor to a surgical consultation was, thus, indicated. Therefore, the request was medically necessary.