

Case Number:	CM15-0035790		
Date Assigned:	03/04/2015	Date of Injury:	12/08/2007
Decision Date:	04/15/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/25/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old female, who sustained an industrial injury on 12/8/07. On 2/25/15, the injured worker submitted an application for IMR for review of Percocet 5/325mg #45 (DOS 02/28/2015), and Percocet 5/325mg #45 (DOS 01/30/2015). The treating provider has reported the injured worker complained of middle/right-sided lower back pain and chronic numbness to the outer right leg and to half of the right foot. The diagnoses have included postlaminectomy syndrome - lumbar; displacement lumbar intervertebral disc without myelopathy; degenerative lumbar/lumbosacral intervertebral disc; postlaminectomy syndrome lumbar region; insomnia unspecified. Treatment to date has included chiropractic care; CT scan (no date); lumbar transforaminal epidural steroid injections (9/26/12); radiofrequency ablation (4/9/12 -1/4/13-6/27/14); selective nerve root blocks (2/19/14, 10/29/14 and 11/10/14); MRI lumbar (12/16/11); EMG lower extremity (no date). On 2/3/15 Utilization Review non-certified Percocet 5/325mg #45 (DOS 02/28/2015), and Percocet 5/325mg #45 (DOS 01/30/2015). The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #45 (DOS 02/28/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Based on the 1/26/15 progress report provided by the treating physician, this patient presents with middle/right-sided low back pain, and chronic numbness in the outer right leg and to the right foot, pain rated 3/10 on VAS scale. The treater has asked for PERCOCET 5/325MG #45-DOS 2/28/15 on 1/26/15. Patient's diagnosis per Request for Authorization form dated 1/26/15 includes postlaminectomy syndrome lumbar. The Request for Authorization dated 1/26/15 has two requests: one is Percocet 5/325 to be filled 1/30/15, and the other is Percocet 5/325 to be filled 2/28/15. Patient medications include Percocet, Valtrex, and Phentermine. The patient is s/p lumbar laminectomy from 2008 per 1/26/15 report. The patient's work status is permanent and stationary per 7/24/14 report and is currently working as of 9/15/14 report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Percocet has been included in patient's medications per treater reports dated 7/24/14, 9/15/14, and 11/10/14. In this case, treater states: "current medication use is stable and provides good pain relief." However, the treater has not stated how Percocet reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse era ctions, ADL's, etc. No opioid pain agreement or CURES reports. The patient has returned to work sometime between 7/24/14 and 9/15/14 report, but the treater does not attribute it to any of the medication use. In fact, the patient is able to work as her employment does not require heavy lifting per 9/15/14. The patient is able to tolerate standing on her feet all day at her work, but her pain is still bad at home, especially upon awakening in the morning per 9/15/14 report. MTUS requires appropriate discussion of the 4A's, which is not included in the provided documentation. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.