

Case Number:	CM15-0035798		
Date Assigned:	03/04/2015	Date of Injury:	04/24/2008
Decision Date:	04/15/2015	UR Denial Date:	01/29/2015
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 60-year-old female, who sustained an industrial injury on 4/24/08. The PR2 dated 1/27/15 noted that the injured worker has complaints of lower back, mid back, right elbow, right wrist and right ankle pain. The pain is constant and burning. The diagnoses have included lumbar sprain/strain; lumbar/lumbosacral, degenerative disc disease and lumbar disc displacement. The documentation noted that the Percocet has been helping with the pain to be able to move around. Magnetic Resonance Imaging (MRI) of the lumbar spine 9/22/13 showed moderate disc dessication and degeneration L4-L5 and L5-S1 levels; l4-L5 HNP causing moderately severe spinal stenosis and l5-S1 disc protrusion causing spinal stenosis. According to the utilization review performed on 1/29/15, the requested Gabapentin 300mg #90 has been certified and Percocet 10/325mg #63 has been modified to Percocet 10/325mg #45. California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was used in the 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 #63: Overturned

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

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

Decision rationale: The patient presents with pain to the lower back, mid back, right elbow, right wrist, and right ankle rated 9/10 without medications, 7/10 with medications. The patient's date of injury is 04/24/08. Patient has no documented surgical history directed at these complaints. The request is for PERCOCET 10/325MG #63. The RFA is dated 08/14/14. Physical examination dated 01/27/15 reveals moderate palpable spasms in the bilateral lumbar paraspinal muscles with positive twitch response and moderate pain elicitation upon lumbar extension/flexion. The patient is currently prescribed Gabapentin and Percocet. Diagnostic imaging includes lumbar MRI dated 04/15/14, significant findings are: "stable central and paracentral disc protrusion measuring 4mm stable mild facet joint disease bilaterally. Broad based degenerative disc bulge of 2-3mm is greater in the right paracentral area with an annular tear." Patient's current work status is not provided. 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. About the request of Percocet for the management of this patient's intractable pain, the request appears reasonable. Progress notes provided indicate that this patient has been taking Percocet since at least 03/25/14. Progress note dated 01/27/15 provides a reduction in pain from 9/10 to 5/10 attributed to this patient's opiate medications. The same progress note indicates that the medications allow her to be able to ambulate, and without them, the pain would prevent her from doing so. The progress note also discusses a lack of aberrant behaviors and consistent urine drug screens to date. Furthermore, UR dated 01/29/15 approved this medication with modifications, specifying 45 tablets citing the need to conduct weaning. However, the provided documentation satisfies the 4A's as required by MTUS to substantiate Percocet's continued use. The request IS medically necessary.