

Case Number:	CM15-0037340		
Date Assigned:	03/05/2015	Date of Injury:	01/02/2014
Decision Date:	04/14/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/27/2015

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 54 year old male, who sustained an industrial injury on January 2, 2014. He has reported low back pain with radiation to the right lower extremity. The diagnoses have included lumbar discogenic pain syndrome, lumbar radiculitis, myofascial pain and lumbar facetogenic pain. Treatment to date has included radiographic imaging, diagnostic studies, medications, conservative therapies and work restrictions. Currently, the IW complains of sleep disturbances, chronic low back pain and right lower extremity pain with weakness. The injured worker reported an industrial injury in 2014, resulting in pain in the low back and right lower extremity. He reported sleep disturbances secondary to pain. Evaluation on August 12, 2014, revealed continued pain. Electrodiagnostic studies of the lower extremities were requested. Pain medications were renewed. Evaluation on January 6, 2015, revealed continued pain. Urine drug screens were noted as consistent with the expectations. Evaluation on February 3, 2015, revealed continued pain. He reported being able to manage activities of daily living with the use of pain medications daily. He reported being unable to receive a facet joint injection secondary to unstable blood sugars.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg five times daily, quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids Page(s): 76-78; 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Percocet 10/325mg five times daily, quantity 120 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. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.