

Case Number:	CM15-0040128		
Date Assigned:	03/10/2015	Date of Injury:	10/30/1995
Decision Date:	04/22/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/03/2015

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 treatments were medications. The treating provider reported severe low back pain radiating to the legs. There was decreased range of motion to the lumbar spine. The injured worker is pending lumbar fusion surgery. The 41 year old male injured worker suffered an industrial injury on 10/30/1995. The diagnoses were chronic low back pain, lumbar spondylosis, bilateral lumbosacral radiculitis and bilateral acute denervation to the sacral spine. The diagnostic studies were lumbar x-rays, electromyography and lumbar magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Percocet 10/325mg ([REDACTED]): Upheld

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

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

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for PERCOCET 10/325MG #60 ([REDACTED]). Per 01/20/15

progress report, the patient is currently taking Norco and Prevacid. The patient continues to require Norco 10/325 3 per day for his pain. The patient is off duty. Regarding initiating opiates, MTUS guidelines page 76-78 recommend the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." "Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. MTUS also states, "If partial analgesia is not obtained, opioids should be discontinued."In this case, the treater does not discuss why Percocet is being asked for, and whether or not this is to replace the Norco the patient is on and why. There is no discussion as to whether The utilization review letter on 02/12/15 indicates that the patient has been utilizing Norco since and the patient has not utilized Percocet in the past. Or not Norco has been effective in terms of pain reduction and functional improvement. There is no goal setting, or discussion as to whether or not partial analgesia was obtained with Norco. No side effects are discussed, no opiate management such as UDS. The request IS NOT medically necessary.