

Case Number:	CM15-0043915		
Date Assigned:	03/13/2015	Date of Injury:	07/10/1995
Decision Date:	04/23/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/09/2015

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 55-year-old male, who sustained an industrial injury on 7/10/1995. The details of the initial injury and complete list of prior therapy were not submitted for this review. The diagnoses have included lumbar disc degeneration, lumbago, and neuralgia, neuritis and radiculitis. Treatment to date has included medication therapy, trigger point injections, and chiropractic therapy. Currently, the IW complains of low back pain. The physical examination from 2/9/15 documented he was evaluated for a trigger point injection completed on that date, however, the records submitted for review included pages 1, 3, and 5, of 6 pages total, and were incomplete. The plan of care included a prescription for medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone-Acetaminophen/percocet 5/325mg #60: Overturned

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

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 low back pain radiating to lower extremity rated at 3/10 with and 7.5/10 without medications. The request is for Oxycodone-Acetaminophen / Percocet 5/325mg #60. The request for authorization is dated 02/05/15. He reports that he is taking his medications only as prescribed and reports his medications continue to reduce his pain level with minimal side effects. He reports that with the reduction of his pain, he does have improved function and is able to do more in and outside of the home such as basic household ADLs such as cooking, cleaning, shopping, etc., with increased endurance and tolerance for such activities. He is using other services or treatments in the control of his pain including the application of ice and/or heat, performing daily stretching and relaxation techniques. Patient's medications include Naproxen, Lyrica, Amitriptyline and Percocet. The patient is not working. 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. Per progress report dated 01/07/15, treater's reason for the request is the patient "is in the maintenance phase for ongoing opiate use following successful initial therapeutic trial in the past and at this time continuing opioid treatment is on going with regular reviews of efficacy and safety." The patient is prescribed Percocet since at least 05/27/14. MTUS requires appropriate discussion of the 4A's, and in addressing the 4A's, treater discusses how Percocet significantly improves patient's activities of daily living with specific examples of ADL's, such as cooking, cleaning, shopping, etc. Analgesia is discussed also, specifically showing significant pain reduction with use of Percocet from 7.5/10 without and 3/10 with use of this medication. Furthermore, there is documentation or discussion regarding adverse effects and aberrant drug behavior. Per progress report dated, 01/07/15, "He reported no adverse side effects reported or that they were well controlled. He reported no aberrant drug taking behaviors and none were demonstrated this visit. The pattern of medication use is as prescribed and there was no evidence of misuse. There are no signs of tolerance. He shows no evidence of developing medication dependence during this visit." There is a consistent UDS report dated, 11/14/14, and a CURES and opioid pain contract is signed by the patient. The treater has adequately documented the requirements as required by MTUS. Therefore, the request IS medically necessary.

Referral Spine Surgeon: Overtuned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The patient presents with low back pain radiating to lower extremity rated at 3/10 with and 7.5/10 without medications. The request is for referral spine surgeon. The request for authorization is dated 02/05/15. He reports that he is taking his medications only as prescribed and reports his medications continue to reduce his pain level with minimal side

effects. He reports that with the reduction of his pain, he does have improved function and is able to do more in and outside of the home such as basic household ADLs such as cooking, cleaning, shopping, etc., with increased endurance and tolerance for such activities. He is using other services or treatments in the control of his pain including the application of ice and/or heat, performing daily stretching and relaxation techniques. Patient's medications include Naproxen, Lyrica, Amitriptyline and Percocet. The patient is not working. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Per progress report dated, 02/09/15, treater's reason for the request is "He was recommended an orthopedic consultation back in March or 2014 and this was denied but overturned by the IMR. [REDACTED] has retired. I would recommend evaluation by an excellent orthopedic surgeon, [REDACTED]. It would appear that the current treater feels uncomfortable with the patient's medical issues and has requested a referral with a spine surgeon. Given the patient's condition, the request for a referral appears reasonable. Therefore, the request IS medically necessary.