

Case Number:	CM15-0046784		
Date Assigned:	03/19/2015	Date of Injury:	07/05/2011
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/12/2015

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 31 year old, male patient who sustained an industrial injury on 07/05/2011. A primary treating office visit dated 12/19/2014, reported subjective complaint of chronic low back pain. The pain is worse on the left low back accompanied by intermittent radiation down the left leg, into the groin and down the posterior aspect of the left leg/calf. The pain is noted increased with prolonged sitting, standing, or lying in the same position. His pain is improved with frequent position changes, rest, ice and medications. The patient reports having recently changed his diet and attempting to lose weight. He has been participating in light jogging and or walking as he can tolerate. He also states doing more stretches. He is preparing for a functional restoration program. The patient has been approved for an initial evaluation with the program, however he is hesitant about scheduling. The patient reports having a rash once starting Naproxen and after stopping the medication the rash resolved. The patient also is prescribed Percocet for pain with some effect. Diagnostic testing included: magnetic resonance imaging, electronic nerve conduction study. The following diagnoses are applied: degeneration lumbar/lumbosacral, lumbar disc displacement without myelopathy, spondylosis lumbosacral, pain in thoracic spine, and sciatica. The plan of care involved proceeding with an initial evaluation at functional program, initiate Mobic for anti-inflammatory, medication refilled. The patient is permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #60, DOS: 2/23/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: Per the 02/23/14 report, the patient presents with increased pain for follow up of chronic lower back pain due to lumbar disc degeneration, lumbosacral spondylosis, and sciatica. The current request is for PERCOCET 10/325mg #60, DOS: 2-23-15 - Oxycodone, an opioid. The RFA is not included. The patient is not currently working as of 10/29/14. 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 4A's (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. The reports provided for review show that the patient has been prescribed opioids since at least 03/03/14. The treating physician states the patient claims approximately 50% pain relief with use of Percocet 1-2 times daily. Average pain is rated 8/10 that can increase to 10/10 depending on activity. Pain is routinely assessed through the use of pain scales. Use of Percocet allows the patient to perform self-care and some ADL's such as light housework and walking the dog with reduced pain. When pain is 10/10 the patient cannot do anything, and the patient reported significant decrease in function when Percocet was denied. Side effects are discussed and there is no evidence of adverse behavior. The treating physician assumed care of this patient 10/29/14, a preliminary UDS was run 11/17/14 that showed the presence of THC, and follow up was completed 12/19/14 when the patient's medical marijuana card was added to his chart. Another UDS was run 02/23/15. In this case, there is sufficient documentation to support long-term opioid use per the MTUS guidelines. The request is medically necessary.