

Case Number:	CM15-0047732		
Date Assigned:	03/23/2015	Date of Injury:	08/13/1998
Decision Date:	05/01/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/13/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 69 year old female, who sustained an industrial injury on August 13, 1998. She reported low back pain with left lower extremity radiculopathies. The injured worker was diagnosed as having post laminectomy syndrome of the lumbar and thoracic region, thoracic or lumbosacral neuritis or radiculitis, pain in the joint involving pelvic region and thigh, pain in the joint involving the lower leg, chronic pain secondary to trauma, encounter for therapeutic drug monitoring and long term use of medications. Treatment to date has included radiographic imaging, multiple surgical interventions of the spine, epidural steroid injections, conservative therapies, medications and work restrictions. Currently, the injured worker complains of low back pain with left lower extremity radiculopathies. The injured worker reported an industrial injury in 1998, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on August 7, 2014, revealed continued pain. It was noted she did not wish to proceed with any further surgeries. Medications and physical therapy were recommended. Evaluation on January 8, 2015, revealed continued pain. She noted improvement with Percocet. Renewal of Percocet was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 325/10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/acetaminophen; Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10/325 mg # 120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are post laminectomy syndrome lumbar, thoracic; thoracic or lumbosacral neuritis or radiculitis, unspecified; pain in joints involving pelvic region and thigh; pain joint involving lower leg; chronic pain; encounter for therapeutic drug monitoring. The earliest progress note dated August 7, 2014 lists all medications tried and failed. The list includes oxycodone, Butrans, morphine, baclofen, tramadol, and meloxicam. Oxycodone causes nausea. The injured worker, however, states the brand Percocet does not cause nausea. The most recent progress note in the medical record dated February 4, 2015 indicates the injured worker has a VAS pain scale of 7-9/10 and the pain limits some to most of the injured worker's activities. There is no documented objective functional improvement with the ongoing Percocet 10/325mg. Consequently, absent compelling clinical documentation with objective functional improvement with persistently elevated subjective VAS pain scales 7-9/10 despite the continued use of Percocet, Percocet 10/325 mg # 120 is not medically necessary.