

Case Number:	CM15-0049377		
Date Assigned:	03/23/2015	Date of Injury:	04/22/2009
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/16/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 4/22/09. He reported low back pain with radiation to the left buttock and lower extremities with numbness in the right foot, headaches, tinnitus, bilateral hand pain and numbness, and cervicgia. The injured worker was diagnosed as having lumbar degenerative disc disease and lumbar radiculopathy, cervicgia, cervical degenerative disc disease, right upper extremity radiculopathy, and significant depression. Treatment to date has included a laminectomy on 10/22/14, psychiatry visits, physical therapy, and the use of a lumbar brace. The injured worker's lumbar fusion was complicated by viscous perforation by hardware and subsequent peritonitis. Currently, the injured worker complains of low back pain with radiation to the left buttock and lower extremities with numbness in the right foot, headaches, tinnitus, bilateral hand pain and numbness, and cervicgia. The injured worker's pain was rated a 6-7 out of 10. The treating physician noted the injured worker was to continue with medication as prescribed, continue the use of the lumbar brace, and continue to follow up with psychiatry. The treating physician requested authorization for Percocet 10/325mg #60 and Norco 10/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 54 year old male has complained of low back pain and neck pain since date of injury 4/22/09. He has been treated with lumbar spine surgery, physical therapy and medications to include opioids since at least 12/2014. The current request is for Percocet. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Percocet is not indicated as medically necessary.

Norco 10/325 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 54 year old male has complained of low back pain and neck pain since date of injury 4/22/09. He has been treated with lumbar spine surgery, physical therapy and medications to include opioids since at least 12/2014. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.