

Case Number:	CM15-0083747		
Date Assigned:	05/05/2015	Date of Injury:	07/09/2006
Decision Date:	06/04/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49 year old male who sustained an industrial injury on 07/09/2006. The injured worker was diagnosed with right S1 radiculopathy and chronic intractable pain. The injured worker is status post L4-5 anterior and posterior fusion with cage and instrumentation in December 2009. Treatment to date includes diagnostic testing, surgery, right S1 selective nerve root block, multiple caudal epidural steroid injections (ESI), pain management consultation and medications. According to the primary treating physician's progress report on March 11, 2015, the injured worker was seen for medication management. The injured worker reports low back pain with numbness radiating down the posterior aspect of the right lower extremity. The injured worker rates his pain level at 3-4/10 with medications and 7-8/10 without medications. There was no examination provided. Current medications are listed as Percocet, Norco and Motrin. Treatment plan consists of transfer of care to pain management, urine drug screening and the current request for Percocet and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #45: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in July 2006 and continues to be treated for radiating low back pain. When seen, physical examination findings included decreased right lower extremity sensation. There was a positive straight leg raise. There was right lumbar paraspinal and buttock tenderness. Medications are referenced as decreasing pain from 7-8/10 to 3-4/10 and helping with activities of daily living and household activities. Norco and Percocet are being prescribed at a total MED (morphine equivalent dose) of 45 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain relief and improved function. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco is medically necessary.

Percocet 10/325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in July 2006 and continues to be treated for radiating low back pain. When seen, physical examination findings included decreased right lower extremity sensation. There was a positive straight leg raise. There was right lumbar paraspinal and buttock tenderness. Medications are referenced as decreasing pain from 7-8/10 to 3-4/10 and helping with activities of daily living and household activities. Norco and Percocet are being prescribed at a total MED (morphine equivalent dose) of 45 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Percocet (oxycodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain relief and improved function. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Percocet is medically necessary.

