

Case Number:	CM15-0088802		
Date Assigned:	05/13/2015	Date of Injury:	12/26/2006
Decision Date:	06/12/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/08/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 46 year old male who sustained an industrial injury on December 26, 2006. Previous treatment includes CT of the lumbar spine, EMG/NCV of the bilateral lower extremities, epidural steroid injections, MRI of the lumbar spine/sacrum and coccyx, lumbar anterior/posterior discectomy and fusion, acupuncture, and TENS unit. Currently the injured worker complains of low back pain. He rates the pain with medications as a 6 on a 10-point scale and a 9 on a 10-point scale. He reports intermittent radicular pain to the legs and notes that past epidural steroid injections have been effective in decreasing radiculopathy. He reports constant cervical pain which is radicular in nature. He reports that his quality of sleep is poor and his activity level has remained the same. Diagnoses associated with the request include lumbar radiculopathy, post-lumbar laminectomy syndrome and low back pain. The treatment plan includes Percocet, Flexeril, Trazodone, and Lyrica, and continued acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 76-84.

Decision rationale: The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.