

Case Number:	CM15-0089304		
Date Assigned:	05/13/2015	Date of Injury:	12/01/2011
Decision Date:	06/15/2015	UR Denial Date:	05/06/2015
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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 40 year old male, who sustained an industrial injury on December 1, 2011. He reported left hand pain, low back pain, bilateral knee pain and pain with tingling and numbness in the right lower extremity after a tire he was working on and airing up exploded. The injured worker was diagnosed as having lumbar segmental dysfunction, late effects sprain/strain and muscle spasm, lumbar disc disease with radiculopathy, thoracic/lumbosacral intervertebral disc degeneration, lumbago, status post left hand and left knee replacement. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, medication and work restrictions. Currently, the injured worker complains of left hand pain, low back pain, bilateral knee pain and pain with tingling and numbness in the right lower extremity. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on September 5, 2014, revealed continued pain as noted. He reported being nearly unable to walk due to pain, burning and numbness in the right lower extremity. Evaluation on February 10, 2015, revealed continued pain as noted with associated symptoms. Medications were requested. There is no quantified pain relief or functional benefits reported from the current opioid use. The levels of spinal pain are reported to have increased. Recent AME evaluation recommended diminishing opioid use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines do not support the long term use of opioids unless there is careful and detailed evaluation of how the medications are utilized, the level of pain relief and the resulting functional benefits. These Guideline standards are not met in this individual. There is no meaningful pain relief reported and no functional benefits are a result of Percocet use. A recent AME evaluator noted little pain relief from the current opioids and recommended tapering. There are no unusual circumstances to justify an exception to Guidelines. The Percocet 10/325mg #120 is not supported by Guidelines and is not medically necessary.

Tramadol 50 MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines allow for a rotation or trial of different opioid medications if there is little effectiveness from current opioid regimen. This individual meets these criteria. The trial of a new opioid class that has a slightly different mode of action is supported by Guidelines under these circumstances. The Tramadol 50g #60 is supported by Guidelines and is medically necessary.