

Case Number:	CM14-0166847		
Date Assigned:	10/14/2014	Date of Injury:	03/30/2001
Decision Date:	11/14/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/09/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine, and is licensed to practice in Massachusetts. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant has a cumulative trauma work injury occurring while working performing clerical and accounting work for a [REDACTED]. She developed symptoms beginning in 1999 with low back pain. She has a date of injury of 03/30/01. Treatments have included physical therapy, chiropractic care, acupuncture, and lumbar epidural injections. An MRI of the lumbar spine in November 2010 had shown lower lumbar spondylosis with foraminal stenosis. As of January 2011, medications were Percocet and Zanaflex. She was seen on 01/14/11. She was having low back pain radiating into the left lower extremity and neck pain. Physical examination findings included negative straight leg raise. Conservative care was recommended. On 07/10/14 the claimant underwent an L4-5 laminotomy with right sided discectomy. On 07/25/12 she had increased low back pain radiating into both legs ranging from 0/10 up to 10/10. Percocet was providing a decrease in pain to a level of 7/10. She was having difficulty sleeping. She had used more of her pain medications and had run out early. Medications were Cymbalta, Ibuprofen, Nuvigil, Percocet 10/325 mg three times per day, Zanaflex, Naprosyn, and Protonix. Physical examination findings included appearing in mild distress. There was decreased lumbar spine range of motion with paraspinal muscle tenderness and tight muscle bands bilaterally. Facet loading was positive bilaterally. There was decreased lower extremity strength and decreased left-sided lower extremity sensation. A trial of methadone was started. Percocet was continued. On 09/10/14 she was having back pain radiating into both legs. Pain was rated at 6/10 with medications and 10/10 without medications. Pain medications were providing moderate pain relief. Medications included Percocet 10/325 mg up to six times per day. Physical examination findings included lumbar spine tenderness with positive facet loading. The claimant had an antalgic gait. There was decreased lower extremity strength and decreased right lower extremity

sensation. The assessment references an overall improvement since surgery. A left ankle foot orthosis was prescribed. She was referred for a neurology evaluation. The impression references Percocet as bringing pain down to a more tolerable level and allowing her to continue with her activity and to continue to work. Percocet was refilled. Authorization for additional testing and a lumbar epidural steroid injection was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Percocet 10/325mg #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain outcomes and endpoints and Opioids, dosing Page(s): 8, 76-80, and 86.

Decision rationale: The claimant is more than 10 years status post work-related injury and recently underwent an L4-5 laminotomy with right sided discectomy in July 2014. She continues to be treated for chronic pain. Pain medications are referenced as allowing her to continue with her daily activities and to continue to work. Opioid medication is being prescribed at a total MED (morphine equivalent dose) of 90 mg per day. Guidelines indicate that when prescribing controlled substances for pain, a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In this case, there are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. Percocet is referenced as allowing continued activities including work. The total MED (morphine equivalent dose) is less than 120 mg per day. Therefore, the continued prescribing of Percocet was medically necessary.