

Case Number:	CM14-0172408		
Date Assigned:	10/23/2014	Date of Injury:	01/22/2002
Decision Date:	11/25/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/17/2014

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 American Board Internal Medicine and is licensed to practice in California. 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 injured worker (IW) is a 58-year-old man with a date of injury of January 22, 2002. He sustained injuries to his bilateral hands, lower back and knees during his course of employment. The IW noted pain in his right wrist, forearm and shoulder while repetitively loading 94-pound sacks of cement into a cement mixer. The progress note dated June 3, 2014 indicated that the IW is taking medications and receiving chiropractic treatment. Despite these treatments, the IW had complaints of constant sharp pain diffusely about the wrists, right greater than left, with pain radiating down into the hands. He also has dull to sharp pain across the low back with pain radiating down both legs to the foot, right side more than left. The provider states that future treatments should consist of physical therapy, medications, and chiropractic treatments in the future to treat ongoing back complaints. Pursuant to the progress note dated September 11, 2014, the IW reported that he is just "getting by" with good and bad days. Current complaints include back pain and symptomatic knee pain, with unchanged pertinent review of systems. Relevant objective findings revealed no apparent distress with appropriate mood and affect, normal appearing gait, no sciatic list or foot drop. There is restricted lumbar range of motion. Sensory and motor examination of the lower extremities is intact, with spasms and guarding of the lower back. Diagnoses include: Status-post lumbar decompression and instrumentation spinal fusion on November 30, 2010 with revision lumbar fusion for pseudo arthritis on January 15, 2013, end-stage right knee osteoarthritis, and right sacroiliac dysfunction. Current medication is Percocet 10mg #240, 8 tablets daily. According to the documentation in the medical record, the IW has been on Percocet 10mg since at least November 21, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 chiropractic manipulations: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG); Low Back Pain Chapter, Chiropractic Manipulation.

Decision rationale: Pursuant to the Official Disability Guidelines, six chiropractic manipulation treatments are not medically necessary. The guidelines state manual therapy and manipulation are recommended for chronic pain is caused by musculoskeletal conditions. They recommend a trial of six manipulation visits over two weeks with evidence of objective functional improvement, total of up to 18 visits to avoid chronicity. The guidelines further state elective/maintenance care is not medically necessary. In this case, the documentation reflects the injured worker received at least 18 chiropractic sessions to date. The record further states the injured worker's obesity and deconditioned state have affected his recovery and, based on the reported lack of positive response during this chiropractic treatment course, the treating physician was sure that further chiropractic care would benefit the patient. Consequently, based on the lack of positive response during the prior chiropractic treatment course, additional chiropractic manipulation is not medically necessary. Additionally, the injured worker received the recommended maximum number (18 visits) to date. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, additional six chiropractic manipulations are not medically necessary.

Percocet 10mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiate Use Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10 mg #100 is not medically necessary. The guidelines state for ongoing management and continued opiate use the lowest possible dose should be prescribed to improve pain and function. Additionally, there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessments should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opiate, how long it takes for pain relief and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improved quality of life. Opiates should be discontinued if there is no overall improvement in function unless there are extenuating circumstances. In this case, the documentation reflects Percocet 10 mg has been prescribed since November 21, 2013.

A request from April 3, 2014 reflected a Percocet 10 mg #240 quantity. This was reduced to #180. The record reflects minimal temporary subjective relief with continued reports of pain, limitations and exacerbations of symptoms despite long-term use. The documentation shows the injured worker's pain is not controlled and there is no evidence of functional improvement with this medication. There is no compelling evidence in the record to continue the Percocet. Consequently, the long-term use of Percocet is not clinically indicated. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines Percocet 10 mg #100 is not medically necessary.