

Case Number:	CM14-0181523		
Date Assigned:	11/06/2014	Date of Injury:	09/21/2012
Decision Date:	12/17/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/31/2014

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 Osteopathic Family Practice 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:

According to the medical records the patient is a 50-year-old male who sustained an industrial injury on September 21, 2012. He is diagnosed with lumbar radiculopathy, lumbar spinal stenosis, and cervical radiculopathy. He is status post lumbar Epidural Steroid Injection on June 6, 2014 and has completed 12 sessions of physical therapy treatments to date. The patient was seen on August 13, 2014 at which time he complained of radiating neck pain and radiating low back pain. He complained of numbness in the left hand and foot. Pain without pain medications is 9/10 which drops to 5/10 with medications. He is taking Percocet 5/325 mg q6 hr and Tramadol 50 mg 1q4hr with 30% pain relief. The patient reports that with medications he is able to walk and move around a little more. UDS was collected. Examination revealed 5/5 bilateral lower extremity strength, positive straight leg raise at the left, mild to moderate pain with lumbar extension, and lumbar spasm. The patient is noted to be status post series of 12 sessions of physical therapy and needs further instruction on proper home exercise program. 12 additional sessions of physical therapy was requested. It is noted that the patient has trialed Vicodin and Norco in the past with minimal relief. Patient continues to have functional decline over the past six months therefore Percocet is increased to 10/325#120. He is to continue with Tramadol 50 mg #180. He has signed narcotic agreement on file. He was seen on September 22, 2014 at which time the pain is noted to be the same as a last visit. He reports functional improvement with the current medications. 12 additional sessions of physical therapy was requested. He is to continue with Percocet and Tramadol. The request was also made for six sessions of acupuncture. Utilization review was performed on October 3, 2014 at which time the request for medications, physical therapy, and acupuncture was deemed not medically necessary and noncertified. The medical records also indicate that prior to utilization review was performed on

August 5, 2014 at which time recommendation was made to certify Percocet 5/325 monogram 120 and Tramadol 50 mg #180 with warning regarding continuation of Opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of Opioids; Opioids for c.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 to 96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Pain, Opioids

Decision rationale: Evidence-based guidelines do not recommend long-term use of Opioids for chronic nonmalignant pain. Furthermore, evidence-based guidelines caution against long-term use of Opioids due to the development of habituation, tolerance, and hormonal imbalance in men. In this case, tolerance to Opioids has been clearly indicated as Percocet has been increased from 5/325 mg to 10/325 mg. Furthermore, there is no specific evidence of objective functional improvement with the current use of Opioids. Additionally, references state that pain may be improved with weaning of Opioids. For these reasons, the ongoing use of Percocet is not supported. Therefore, the request for Percocet 10/325mg #120 is not medically necessary.

Tramadol 50mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of Opioids; Opioids for c.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 to 96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Pain, Opioids

Decision rationale: Evidence-based guidelines do not recommend chronic use of Opioids. However, in this case the patient is noted to be on Percocet and Tramadol. Ongoing use of Percocet is not deemed medically necessary. However, Tramadol is a synthetic Opioid and is significantly safer than Percocet. In this case, the request for Tramadol 50 mg #180 is medically necessary.

Twelve Additional Physical Therapy Sessions, 2 times a week for 6 weeks, for the lumbar and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Procedure Summary, Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98.

Decision rationale: The patient has completed the appropriate number of physical therapy treatments recommended for his condition. The request for additional treatment is noted to be for a home exercise program. Given that the patient has already completed 12 sessions of physical therapy treatments, he should be well-versed in an independent home exercise program to consist of stretching, strengthening, and range of motion exercises. The requested Twelve Additional Physical Therapy Sessions are not medically necessary.

Six Sessions of Acupuncture Therapy for the lumbar and cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient is being treated for lumbar radiculopathy, lumbar spinal stenosis, and cervical radiculopathy, and the medical records do not establish that he has undergone a prior trial of acupuncture treatments. As such, a trial of six sessions would be supported. The request for Six Sessions of Acupuncture for the lumbar and cervical spine is medically necessary.