MAXIMUS Federal Services

Case Number:	CM14-0212542		
Date Assigned:	01/02/2015	Date of Injury:	03/30/2011
Decision Date:	02/28/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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: Physical Medicine & Rehabilitation

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 patient is a 58 year old female with an injury date of 03/30/11. Based on the 01/13/15 progress report provided by treating physician, the patient complains of severe lower back pain rated 9/10 which is aggravated by bending, twisting or turning. Patient is status post L4-L5 and L5-S1 fusion on 12/11/14. Physical examination 01/13/15 revealed tenderness to palpation to lumbar paraspinal muscles bilaterally with increased rigidity, numerous palpable trigger points and obvious guarding. Sensation was noted to be decreased along the left L5-S1 dermatome, positive straight leg test noted on the left at 60 degrees. The patient is currently prescribed MS Contin, Percocet, Anaprox, Soma, Fioricet, Topamax, Prilosec, Colace, Phentermine. Diagnostic EMG performed on the lower extremities, dated 10/28/14 reveals "acute left L5 and chronic left S1 radiculopathy." Lumbar spine MRI performed 08/04/10 reveals "moderate facet joint hypertrophy effacing the left side of the thecal sac. There is a 2mm disc bulge with facet arthropathy at L2-3, L3-4, and L4-5." Patient is currently permanently stationary. Diagnosis 01/13/15 Lumbar myoligamentous injury with left lower extremity radicular symptoms, Lumbar facet syndrome, Migraine headaches, Medication induced gastritis S/P PLIF at L4-5 and L5-S1 on December 11, 2014 The utilization review determination being challenged is dated 11/18/14. The rationale is: "...the cumulative Morphine sulfate equivalency (MED) was 180mg per day, which is above the upper most recommended level of 120mg..." Treatment reports were provided from 04/28/14 to 01/13/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg # 180: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,Chronic Pain Treatment Guidelines Page(s): 16, 18, 74-97. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Low Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS; medication for chronic pain Page(s): 88 and 89, 76-78; 60-61.

Decision rationale: The patient presents with severe lower back pain rated 9/10 which is aggravated by bending, twisting or turning. Patient is status post L4-L5 and L5-S1 fusion on 12/11/14. The request is for PERCOCET 10/326MG #100. Physical examination 01/13/15 revealed tenderness to palpation to lumbar paraspinal muscles bilaterally with increased rigidity, numerous palpable trigger points and obvious guarding. Sensation was noted to be decreased along the left L5-S1 dermatome, positive straight leg test noted on the left at 60 degrees. The patient is currently prescribed MS Contin, Percocet, Anaprox, Soma, Fioricet, Topamax, Prilosec, Colace, Phentermine. Diagnostic EMG performed on the lower extremities, dated 10/28/14. Diagnostic MRI performed 08/04/10 was also included. Patient is currently permanently stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regards to the request for Percocet for this patient's intractable pain stemming from lumbar fusion on 12/11/14, the treater has provided the following documentation of pain reduction, noting: "she is able to perform ADLs as well as being able to cook for herself with less pain...she denies any adverse side effects and the patient has always been compliant with her medications... she is still experiencing significant postoperative pain but feels that her current medication regimen enables her to care for herself at home..." While the treater neglects to document a quantitative pain reduction value after taking medication, there is ample documentation of subjective pain relief, functional improvement. Furthermore, as of the request the patient is still less than four weeks post two-level lumbar fusion, so considerable pain is to be expected. Therefore it appears that this is a reasonable pain intervention provided the patient is properly weaned as her condition improves. The request IS medically necessary.