

Case Number:	CM14-0218713		
Date Assigned:	01/08/2015	Date of Injury:	09/17/2002
Decision Date:	03/06/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/30/2014

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57 year old male with a work injury dated 09/17/2002. The mechanism of injury is documented as occurring when he was working on a construction site and twisted his back. He states he experienced severe back pain with spasms. Prior treatments include MRI, CAT scan, electro diagnostic studies, myelogram and evaluation by a neurosurgeon. He has been treated with medication, physical therapy and chiropractic treatments. He has been treated with pain medications long term. On December 7, 2014 he presented to the office describing his pain as 9/10 without medications and 5+/10 with medications. The provider documents with medications pain relief is significant and improves quality of life. Physical exam revealed tenderness over the spinous process on palpation. There was decreased range of motion with spasms. Straight leg raise was positive. The injured worker was depressed and anxious about no pain medications, getting cut off after all these years, not able to function. He noted he would consider surgery for his back if not able to function or get comfortable with medications. Diagnoses were spondylolisthesis and lumbago. Work status was listed as medically retired. Per the doctor's note dated 12/21/14 patient had complaints of severe low back pain at 4-8/10 and sciatica, numbness and tingling bilaterally. Physical examination of the lumbar region revealed limited range of motion, tenderness on palpation, negative SLR and normal DTRS. The patient has had disc herniations and degenerative changes. He had received lumbar medial lumbar branch block and ESI for this injury. He had used antidepressant, antiepileptic and muscle relaxant medication for this injury. The medication list include Cymbalta and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic surgeon consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, IME and consultations.

Decision rationale: Request: orthopedic surgeon consultation per the cited guidelines: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. He states he experienced severe back pain with spasms. Prior treatments include MRI, CAT scan, electro diagnostic studies, myelogram and evaluation by a neurosurgeon. He has been treated with pain medications long term. On December 7, 2014 he presented to the office describing his pain as 9/10 without medications and 5+/10 with medications. Physical exam revealed tenderness over the spinous process on palpation. There was decreased range of motion with spasms. Straight leg raise was positive. Diagnoses were spondylolisthesis and lumbago. Per the doctor's note dated 12/21/14 patient had complaints of severe low back pain at 4-8/10 and sciatica, numbness and tingling bilaterally. Physical examination of the lumbar region revealed limited range of motion, tenderness on palpation, The patient has had disc herniations and degenerative changes. He had received lumbar medial lumbar branch block and ESI for this injury. He had used antidepressant, antiepileptic and muscle relaxant medication for this injury He is on multiple medications. This is a complex case. A referral to orthopedic surgeon consultation is deemed medically appropriate and necessary.

Percocet 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines -Opioids, criteria for use: page 76-80CRITERIA FOR USE OF OPIOIDSTherapeutic Trial of Opioid.

Decision rationale: Percocet 10/325mg #120 contains an opioid analgesic. According to CA MTUS guidelines cited below, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status,

appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided with this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of percocet 10/325mg #120 is not established.