

Case Number:	CM15-0101203		
Date Assigned:	06/03/2015	Date of Injury:	07/19/2010
Decision Date:	07/08/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/26/2015

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, Hawaii
 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 injured worker is a 45-year-old male, who sustained an industrial injury on July 19, 2010. He reported low back pain, gait abnormalities and lower extremity pain. The injured worker was diagnosed as having status post lumbar surgery, lumbar disc protrusions. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the lumbar spine, conservative care, medications and work restrictions. Currently, the injured worker complains of continued low back pain, left lower extremity pain and antalgic gait. He reported using a cane to assist with ambulation. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on September 11, 2014, revealed continued pain with lower extremity radicular symptoms on the left side. Medications were continued. It was noted he had physical therapy previously. Medication was requested.

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 Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The patient presents with diagnoses of status post lumbar surgery, lumbar disc protrusions. Currently, the patient complains of continued low back pain, left lower extremity pain and antalgic gait. The current request is for Percocet 10/325mg #120. The clinical history provided does not include the treating physician's request nor does it include any treating reports from the current calendar year. The clinical history does offer two hundred plus pages of historical treatment records but nothing to describe the patient's current condition or current need for the requested treatment. For chronic opiate use, 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 aberrant 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 this case, there is no discussion regarding analgesia, ADLs, adverse side effects or aberrant behaviors. Additionally, there is no documentation of a 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. MTUS Guidelines require much more thorough documentation for ongoing opioid usage. Based upon the medical history provided the current request is not medically necessary and the patient should be slowly weaned per MTUS Guidelines.