

Case Number:	CM15-0011238		
Date Assigned:	01/28/2015	Date of Injury:	02/01/2010
Decision Date:	03/18/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/20/2015

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: New Jersey, New York
 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:

The injured worker is a 58 year old male, who sustained an industrial injury on 2/1/2010. He has reported a back injury. The diagnoses have included intervertebral disc displacement lumbar region, neuralgia/neuritis, radiculitis, peripheral neuropathy, lumbosacral spondylosis without myelopathy, and post laminectomy syndrome lumbar region. Treatment to date has included medications, diagnostics, steroid injections, surgery, physical therapy and cane. Currently, the injured worker complains of leg, back and foot pain. He reports constant burning pain in right thigh to knee, sharp pain low back with radiation to the feet and feels as if both feet are swollen. The pain was rated 2-5/10 with medications and 9-10/10 without medications. The pain is made worse by change in position, extension at waist and standing and made better with sitting. He has tried epidural steroid injections and physical therapy with some benefit. The urine drug screen was consistent with medications except for ETOH. The electromyogram dated 7/12/12 revealed abnormal study lower limbs consistent with bilateral nerve root impingement and peripheral neuropathy. The Lumbar Magnetic Resonance Imaging (MRI) dated 1/18/10 revealed disc protrusion and severe neuroforaminal stenosis. There were degenerative disc and facet changes noted. Physical exam revealed slow antalgic gait with one point cane. The back was painful to palpation in the lumbosacral region, flexion and extension were painful. The facet loading test was positive, straight leg raise was positive. The sensation was decreased to light touch left lower leg and sensation to vibration was absent in the left toes. Treatment was for trial of spinal cord stimulation, steroid injection, physical therapy and medications for pain relief. On 1/8/15 Utilization Review non-certified a request for Oxycodone-Acetaminophen (Percocet) 7.5/325mg

#95, noting the subjective and objective benefit was not documented and ongoing use of opioids is not indicated in this case. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone-Acetaminophen (Percocet) 7.5/325mg #95: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92;78-80;124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request is not medically necessary. The patient has been taking percocet for lumbar pain. The chart does describe a 50% decrease in pain and improved function with his opioid and gralise. But urine drug screen results showed continued alcohol use while on narcotics despite being counseled on the risks. The patient also utilized Norco while using Percocet. One urine drug screen was positive for THC. These are all concerning for aberrant behavior. There were no drug contracts included in the chart or long-term goals for treatment. Therefore, the request is considered not medically necessary.