

Case Number:	CM15-0013259		
Date Assigned:	01/30/2015	Date of Injury:	11/23/2011
Decision Date:	03/25/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/22/2015

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: Utah, Arkansas
 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 40 year old male, who sustained an industrial injury on 11/23/2011. He has reported sharp back pain. Magnetic Resonance Imaging (MRI) 8/12/14 significant for persistent left S1 lateral bulge in the annulus. The diagnoses have included cervical spinal stenosis, and L5-S1 recurrent left side stenosis. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, epidural steroid injections, and L5-S1 and L4-5 laminectomy and discectomy in January 2014. Currently, the IW complains of lower back pain with numbness in left leg. Unable to sleep and reporting anxiety. Physical examination from 10/22/14 documented positive straight leg raise test left leg at 30 degrees, decreased sensation to left leg with associated muscle weakness. Plan of care was to continue medications as ordered, still pending previously ordered electromyogram tests and SI joint injection, and L5-S1 revision decompression/laminectomy and fusion with instrumentation. On 12/24/2014 Utilization Review non-certified Percocet 10/325mg #120, OxyContin 30mg #60, noting the documentation did not support continued long term use. The MTUS Guidelines were cited. On 1/22/2015, the injured worker submitted an application for IMR for review of Percocet 10/325mg #120 and OxyContin 30mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Percocet 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. There is no clear functional gain that has been documented with this medication. Guidelines state that the discontinuation of opioid medication is recommended if there is no overall improvement in function. A previous taper has been recommended, and the patient has not been tapered. According to the clinical documentation provided and current MTUS guidelines; Percocet, is not indicated a medical necessity to the patient at this time.

60 Oxycontin 30mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. There is no clear functional gain that has been documented with this medication. Guidelines state that the discontinuation of opioid medication is recommended if there is no overall improvement in function. According to the clinical documentation provided and current MTUS guidelines; Oxycontin, is not indicated a medical necessity to the patient at this time.