

Case Number:	CM15-0014530		
Date Assigned:	02/02/2015	Date of Injury:	09/30/2003
Decision Date:	03/30/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/26/2015

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

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 52-year-old female who reported an injury on 09/30/2003. The mechanism of injury was not provided. Her diagnoses were noted as shoulder joint pain, hip joint pain, lower leg pain, lumbar degenerative disc disease, and sciatica. Her past treatments were noted to include medication, surgery, physical therapy, epidural steroid injection, shoulder injections, and activity modification. Her diagnostic studies were noted to include a CT scan of the lumbar spine, performed on 05/16/2012, which was noted to reveal bilateral parts defects at L5 with mild facet arthropathy on the right at L4-5 and on the left at L5-S1. Her surgical history was noted to include a meniscectomy, performed on 11/24/2014. During the assessment on 02/04/2015, the injured worker complained of chronic and acute surgical pain. He indicated that the medication provided 30% to 40% pain relief in his overall pain. He indicated that without the medication, his pain level was 10/10 and the medication reduced the pain to 6/10 to 7/10. He indicated the use of Percocet allowed him to continue to perform laundry and light household chores occasionally, as well as interact with his family. The physical examination revealed the injured worker's gait/station was very slow. There was decreased range of motion in the back due to pain with positive facet loading in the bilateral L3-S1 level. There was pain with rotation, flexion, and hyperextension. There was a positive straight leg raise bilaterally, with positive sensory deficits in the L4-S1 dermatomes bilaterally. His medications were noted to include Percocet 10/325 mg, Lexapro 20 mg, and terbinafine 250 mg. The treatment plan was to continue with the current medication regimen. The rationale for the request was the requested medication allowed him to continue to perform laundry and light household chores occasionally,

as well as interact with his family. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #90: Upheld

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

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

Decision rationale: The request for Percocet 10/325 mg #90 is not medically necessary. The California MTUS Guidelines state that ongoing management of opioids use should include documentation of pain relief, functional status, side effects, and appropriate medication use with the use of random drug screening is needed to verify compliance. The guidelines specify that an adequate pain assessment should include the current pain level, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There was lack of documentation regarding adverse effects and evidence of consistent results of urine drug screens to verify appropriate medication use. Additionally, the frequency was not provided. Given the above, the request is not medically necessary.