

Case Number:	CM15-0111694		
Date Assigned:	06/18/2015	Date of Injury:	03/15/2011
Decision Date:	07/17/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/09/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 60 year old female, who sustained an industrial injury on 3/15/11. The diagnoses have included lumbar radiculopathy, low back pain, sacroiliac pain, hip pain, pain in joint of lower leg and mood disorder. Treatment to date has included medications, activity modifications, diagnostics, injections, physical therapy, psychiatric and home exercise program (HEP). Currently, as per the physician progress note dated 5/20/15, the injured worker complains of lower back ache. The quality of her sleep is good and her activity level has increased. The objective findings reveal that she has slow, antalgic gait and stooped gait without use of a device. The lumbar spine exam reveals that the range of motion is restricted with pain, trigger points are noted on both sides on palpation, she can't walk on heel but can walk on toes, Gaenslen's is positive, straight leg raise is positive on the right in sitting at 45 degrees, Faber test is positive and pelvic compression test is positive. There is tenderness noted over the coccyx posterior iliac spine on both sides sacroiliac spine. The light touch sensation is decreased in the thigh on the right side and dysesthesias are present on the right side. The current pain medications included Baclofen, Lidoderm patch, Norco, Ibuprofen. The physician noted that he will discontinue Norco as it was only somewhat helpful and resume Percocet as it was more effective for breakthrough pain. There is no previous diagnostic studies noted and there is no previous urine drug screen reports noted in the records. The work status is permanent and stationary. The physician requested treatment included Percocet 10/325mg #60 for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Opioids for chronic pain; Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids for chronic pain; Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79, 80 and 88 of 127.

Decision rationale: This claimant was injured in 2011 with low back pain and a mood disorder. No drug testing is noted. There is continued low back pain. They plan to discontinue Norco, as it was only somewhat helpful and resume Percocet. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not certified per MTUS guideline review. The request is not medically necessary.