

Case Number:	CM15-0114165		
Date Assigned:	06/22/2015	Date of Injury:	10/07/2011
Decision Date:	07/21/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/12/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 64 year old female who sustained an industrial injury on 10/7/11 from a trip and fall with a large bin of trash landing on top of her and was trapped for about thirty minutes. She experienced pain in the right ankle, left hip and low back pain. She currently complains of increased low back pain. Medications are helpful as they allow her to complete activities of daily living and improve her quality of life. Her pain level without medications is 10/10 and with medications is 7/10. On physical exam there was tenderness over the lower lumbar paraspinals and L4-5 and L5-S1 facet joints bilaterally, decreased range of motion and straight leg raise is positive bilaterally. Medications are Percocet, Flexeril, naproxen, omeprazole, Colace, diazepam, famotidine. Urine toxicology screen was done 4/9/15 and was consistent with prescribed medications (per 5/7/15 progress note). Diagnoses include low back pain, status post anterior discectomy and fusion at L4-5 and L5-S1 (5/24/14) and posterior procedure (5/25/03); lumbar discogenic pain syndrome; lumbar radiculitis; lumbar post laminectomy syndrome; lumbar facet joint pain, myalgia; chronic pain syndrome. Treatments to date include medications; H-wave; home exercise program; heat; ice. Diagnostics include computed tomography of the lumbar spine (4/20/12) showing compression deformity; computed tomography of the lumbar spine (2/6/15) showing status post L4-5 and L5-S1 inter-body and posterior spinal fusion with no hardware disruption, disc bulge at L1,2,3,4; x-ray of the lumbar spine showing some fusion at L5-S1. On 5/7/15 the treating provider's plan of care includes request for Percocet stating that the medications reduces pain and improves function treating the acute and chronic component of her pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10/325mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are low back pain; lumbar discogenic pain syndrome; lumbar radiculitis; post laminectomy syndrome; lumbar facet joint pain; myalgia; and chronic pain syndrome. The date of injury is October 7, 2011. The earliest progress note in the medical record is dated November 20, 2014. The treating provider prescribed Norco 10/325mg, hydromorphone ER 8 mg, Flexeril and amitriptyline. The injured worker subjectively complained of chronic low back pain with a pain score 7-9/10. On April 9, 2015, Norco was changed the Percocet 10/325mg. The injured worker continued to complain of low back pain 7/10. On May 7, 2015 (request for authorization is May 11, 2015) the injured worker had a pain score 7/10. There were two inconsistent urine drug toxicology screens in the medical record. One was inconsistent for temazepam (not prescribed) and the second was positive for methadone and Tapentadol (Nucynta). These medications were not prescribed. Consequently, absent clinical documentation demonstrating objective functional improvement with ongoing Percocet from April 9, 2015 to May 7, 2015 and two inconsistent urine drug toxicology screens positive for methadone and Nucynta, Percocet 10/325mg # 120 is not medically necessary.