MAXIMUS Federal Services

Case Number:	CM15-0116715		
Date Assigned:	06/24/2015	Date of Injury:	11/20/2012
Decision Date:	07/23/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/16/2015

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, Pain Management

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 55 year old female, who sustained an industrial injury on 11/20/2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having status post lumbar four to five laminotomy, foraminotomy, and posterior spinal instrumentation and fusion, grade I spondylolisthesis of the lumbar four on lumbar five, post-operative right leg paresthesias, right greater trochanter bursitis, and right sacroiliac joint dysfunction. Treatment and diagnostic studies to date has included medication regimen and above noted procedure. In a progress note dated 05/21/2015 the treating physician reports complaints of low back pain with numbness and tingling to the right lateral calf and pain over the right greater trochanter bursa. Examination reveals tenderness to the right sacroiliac joint and over the right greater trochanter along with decreased sensation over the right lumbar five and right sacral one dermatome, positive straight leg raise on the right lower extremity, positive sacroiliac joint provocative test, positive pelvic distraction on the right, and a positive Fortin's test on the right. The injured worker's pain is rated 4.5 on a visual analog scale, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of her current medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of her current medication regimen. The treating physician requested the medication of Percocet 10/325mg with a quantity of 60 for use in treatment of the injured worker's ongoing 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, specific drug list, Criteria for use of Opioids Page(s): 92, 76-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Percocet, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. In light of the above issues, the currently requested Percocet is not medically necessary.