

Case Number:	CM15-0117150		
Date Assigned:	06/25/2015	Date of Injury:	11/01/2000
Decision Date:	08/05/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/17/2015

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: New York

Certification(s)/Specialty: Emergency 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 53 year old female, who sustained an industrial injury to her low back on 11/1/2000. The injured worker was diagnosed as having lumbar herniated nucleus pulposus. Treatment to date has included lumbar fusion, spinal cord stimulator and activity restrictions. Currently, the injured worker complains of increased lumbar back pain, pain with prolonged walking. The injured worker noted significant improvement in pain with temporary spinal cord stimulator. She is currently not working. Physical exam performed on 5/12/15 revealed paraspinal spasms, tenderness to palpation of L4-5 and L5-S1, decreased strength and decreased range of motion. A request for authorization was submitted on 5/18/15 for a consult with pain management and Percocet 10/325mg #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg 1 PO Q 6 hrs prn #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 60, 74-80.

Decision rationale: According to CA MTUS guidelines long term use of opioids is discouraged unless there is ongoing review and documentation of pain relief and improvement of functional status. Pain assessment should include "current pain, 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 relief lasts." The injured worker noted improved pain following spinal cord stimulator implantation. There is very little documentation in the records submitted related to the medications use for this IW. There is no documentation of VAS pain scores, symptom response to medications, urine drug screens, pain agreements or any attempt measures to reduce opioid use. Additionally, there is no discussion of IW function, work status or other active treatments. Therefore, the request for percocet is not supported by the guidelines and is not medically necessary.