

Case Number:	CM15-0119403		
Date Assigned:	06/29/2015	Date of Injury:	05/15/2012
Decision Date:	08/04/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/20/2015

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: Family Practice

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 47 year old male patient who sustained an industrial injury on 05/15/2012. A primary treating office visit dated 02/15/2015 showed the treating diagnosis of lumbar facet pain. The plan of care noted the patient to undergo a 30 day trial of H-wave system, continue with medications Gabapentin and Tylenol, transcutaneous nerve stimulator unit, and physical therapy session. By 04/19/2015 the patient had subjective complaint of having pain that impairs his activities of daily living. He is found having used the H-wave from 02/25/2015 to 04/02/2015 and reported having had better ability with performing tasks and sleeping better. A follow up dated 05/13/2015 reported current medications as Norco and Gabapentin. Chief complaint is lower back pain to include the bilateral buttocks. The patient has also attempted radiofrequency therapy, injection, physical therapy and transcutaneous nerve stimulator unit. Current treating diagnoses were: lumbar facet pain and left piriformis syndrome. The plan of care noted recommendation for surgical consultation and continue with medications. Subjective complaints at a visit on 03/18/2015 reported pain in the back of the neck and with movement he feels a burning sensation to bilateral legs accompanied with a throbbing pain. Utilization Review has certified a request for surgical consultation. The request for Percocet has been modified by Utilization Review to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per the MTUS guidelines, the long term use of opioids is not supported for chronic non-malignant pain. The guidelines note that the long term use of opioids leads to habituation and tolerance. In addition, the guidelines note that in order to support continued use of opioids, there should be improvement in pain and function. In this case, the injured worker has been prescribed opioids for an extended period of time and there is no indication in improvement in pain or function to support the ongoing use of opioids. The medical records note that a surgical consultation has been requested and certified. The medical records also note that modification has been rendered to allow for weaning of this medication. The request for Percocet 10/325mg #120 is not medically necessary and appropriate.