

Case Number:	CM15-0126870		
Date Assigned:	07/13/2015	Date of Injury:	06/07/2001
Decision Date:	08/10/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/30/2015

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: 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 47 year old female, who sustained an industrial injury on 6/7/01. Initial complaints were not reviewed. The injured worker was diagnosed as having thoracic pain; low back pain; lumbar radiculitis; lumbar post-laminectomy pain syndrome; chronic pain syndrome. Treatment to date has included status post lumbar fusion L5-S1 (2003); status post anterior fusion (2004); status post spinal cord stimulator implant (2009); status post revision spinal cord stimulator (2014); physical therapy; urine drug screening; medications. Currently, the PR-2 notes dated 5/13/15 indicated the injured worker returns to this office for a re-evaluation. She was last seen on 4/13/15. The injured worker reports complaints of thoracic and low back pain. She states her pain as 8-9/10 with pain medications and 10/10 without medications. Her pain is aggravated by sitting, standing, walking, bending and lifting. It is alleviated by lying down and the use of pain medications which do help. On physical examination, her straight leg raising is positive bilaterally but worse on the left. Her strength is 5/5/ for bilateral lower extremities and reflexes are 2+ and symmetrical for both quadriceps and gastrocsoleus. The provider's treatment plan discusses her continued thoracic, low back and bilateral lower extremity pain. He notes her pain medications help only slightly. She takes Percocet because Kadian has been denied. She denies any adverse reaction and does not show any aberrant behavior. The last urine drug screening was 4/13/15 and he notes the results were consistent with pain medications being prescribed by him. Additional medical information, (PR-2 dated 5/29/15) indicated the injured worker has multiple lumbar surgeries. She then had a spinal cord stimulator that was implanted in 2009. She had to have a revision of this stimulator in 2014 due to increased thoracic pain and no longer did

she have low back pain coverage. The injured worker felt she could not tolerate the system any longer and was scheduled to have it removed on 6/1/15. The provider is requesting authorization of Percocet 10/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Percocet is acetaminophen and Oxycodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation shows patient has minimal and continued severe pain with percocet therapy. There is no documentation of any objective functional improvement. There is no documentation of long-term plan concerning opioid therapy. Provider's documentation has failed to justify continued opioid therapy. Percocet is not medically necessary.