

Case Number:	CM15-0144694		
Date Assigned:	08/05/2015	Date of Injury:	01/23/2007
Decision Date:	10/06/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/27/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old female, who sustained an industrial injury on 1-23-07. She reported pain in her right hand, right hip and back after she slipped on a wet floor. She underwent two surgeries to her lumbar spine, the last one being an L3-L5 fusion in 2011. The injured worker was diagnosed as having right lower extremity radiculopathy, coccydynia and depression. Treatment to date has included a lumbar MRI on 5-11-15, Alprazolam, Omeprazole, Tizanidine, Temazepam and Norco. As of the PR2 dated 3-17-15, the injured worker reports pain in her lower back that radiates down the right leg to the foot with severe cramps at night. She rates her pain an 8-10 out of 10 without medications and a 5-7 out of 10 without medications. Objective findings include decreased lumbar range of motion due to pain and tenderness and guarding in the lumbar paraspinal musculature. The treating physician requested Percocet 10- 325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet tab 10-325mg #120. Take 1 by mouth every 6 hr for pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.