MAXIMUS Federal Services

Case Number:	CM15-0170642		
Date Assigned:	09/11/2015	Date of Injury:	03/16/2000
Decision Date:	10/16/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	08/31/2015

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, North Carolina
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 51-year-old male who sustained an industrial injury on 3-16-2000. Diagnoses are post-lumbar laminectomy syndrome and low back pain. Previous treatment includes medications, MRI, physical therapy, acupuncture, lumbar epidural steroid injections, and lumbar surgery on 11-2000, 9-2007, 11-2008, and 5-2014. In a progress report dated 8-20-15, the treating physician notes subjective complaints of lower backache. Pain with medications is rated at 5 out of 10 and without medications at 9 out of 10. Quality of sleep is poor. He continues to have exacerbation of his low back pain with his increased activity level in that he has been fixing a home for sale, doing increased yard work and moving. The plan is to temporarily increase his Norco from 4 per day as needed to 5 per day as needed for one month. The lumbar spine exam reveals loss of normal lordosis with straightening of the lumbar spine. Range of motion is restricted with flexion to 25 degrees and extension to 15 degrees. There is spasm and tenderness of paravertebral muscles on both sides. A CURES report was reviewed 6-4-15 and urine toxicology screen on 5-7-15; results are noted as consistent. He is permanent and stationary. The request for authorization is dated 8-20-15. The requested treatment of Percocet 10-325mg #150 with 1 refill was modified to a certification of Percocet 10-325mg #150 with 1 refill of Percocet 10-325mg #120 on 8-25-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #150 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Opioids.

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

Decision rationale: CA MTUS supports the use of opioids for short-term management of moderate to severe pain. MTUS Guidelines do not support long-term use because of the risk of tolerance, dependence, hyperalgesia, and potential addiction. Ongoing review and monitoring is required for long-term use to assess pain relief, functional status, appropriate medication use and side effects. Long-term use is also supported if there is significant pain relief, functional improvement and the ability to return to work. In this case, the patient appears not to have returned to work. The patient has chronic low back pain secondary to an injury 15 years ago and recently experienced an exacerbation of pain. For this exacerbation, he was prescribed Percocet 10/325, 5 tablets daily for one month with a refill. Eight weeks of high-dose Percocet for an acute exacerbation of chronic low back pain is excessive and constitutes long-term treatment, which is not recommended. Therefore, the request is not medically necessary or appropriate.