

Case Number:	CM15-0170668		
Date Assigned:	09/11/2015	Date of Injury:	01/19/1996
Decision Date:	10/09/2015	UR Denial Date:	08/24/2015
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: Arizona, 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:

This is a 66-year-old female worker who was injured on 1-19-1996. The medical records reviewed indicated the injured worker (IW) was treated for status post lumbar laminectomy and discectomy at L4-L5 and L5-S1; multilevel lumbar disc protrusion, spondylosis and central and neuroforaminal stenosis; low back pain consistent with facet arthropathy and facet syndrome; and left and right trochanteric bursitis. The records (4-14-15 to 8-13-15) showed the IW had lower back pain extending into the lower legs. Pain was rated 9+ out of 10, but reduced to 6 or 7 out of 10, and most recently, to 5 out of 10 with medication. In the most recent notes, she complained that Percocet did not give her significant relief. She was able to be independent, but was having more restrictions in her daily activities. She denied side effects. Progress notes (7-13-15) stated the IW had signed an opioid agreement 10-12-14; a CURES report on 7-10-15 and random drug screen on 6-11-15 were both consistent with medications prescribed. On physical examination (4-14-15 to 7-13-15) there was tenderness and spasms in the lumbar paraspinal musculature. Range of motion was difficult, as was heel and toe walking. Straight leg raise was positive at 50 degrees on the left. Treatments to date include medications, including Percocet (since at least 3-11-15), Gabapentin and Celebrex; physical therapy, which increased her pain; and epidural steroid injection. A Request for Authorization dated 8-13-15 asked for one prescription of Percocet 10-325mg, #120 and a trial of Feldene 10mg, #60. The Utilization Review on 8-24-15 modified the request for one prescription of Percocet 10-325mg, #120 to allow #90 for tapering; one prescription of Feldene 10mg, #60 was denied due to the lack of clinical indications for its use.

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 Medical Treatment 2009.

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

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Percocet for several months in combination with NSAIDS. There was no mention of failure of weaning, tricyclic use or Tylenol use. Continued and chronic use of Percocet is not medically necessary.

Feldene 10mg #60: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs including Celebrex for several months in combination with Percocet. Long -term use can lead to renal and GI side effects. Pain score reduction attributed to Feldene could not be determined. The Feldene is not medically necessary.