

Case Number:	CM15-0172845		
Date Assigned:	09/15/2015	Date of Injury:	11/16/1978
Decision Date:	10/29/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/02/2015

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: Preventive Medicine, Occupational 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:

This 72 year old male sustained an industrial injury on 11-16-78. Documentation indicated that the injured worker was receiving treatment for chronic bilateral shoulder, neck and low back pain. Recent treatment included medication management, subacromial injection, activity restriction and rest. In progress notes dated 5-11-15 and 4-8-15, the injured worker complained of pain 7 to 8 out of 10 on the visual analog scale without medications and 9 to 10 out of 10 with medications. The injured worker was prescribed Gabapentin and Dilaudid. In a SOAP noted dated 7-22-15, the injured worker complained of pain 8 out of 10 of 10 on the visual analog scale with medications and 10 out of 10 of 10 without. The injured worker received a prescription for Percocet. In an office visit dated 8-20-15, the injured worker complained of pain 10 out of 10 of 10 on the visual analog scale without medications and 4-5 out of 10 of 10 with medications. The injured worker stated that chronic medications allowed him to complete activities of daily living. The injured worker was scheduled to undergo right L5-S1 epidural steroid injections on 8-23-15. The injured worker reported over 75% improvement following epidural steroid injection on 11-2014. Physical exam was remarkable for lumbar spine with positive straight leg raise and lumbar spine range of motion restricted by: flexion 60%, extension 20% and lateral bend 40%, lumbar spine with intractable pain on palpation to the glenohumeral joint and range of motion restricted by: lateral raise 40% and forward raise 20%. Neurologic exam revealed dysesthesia down the right upper extremity with phantom and dysesthesia to the right leg. The injured worker used a motorized scooter for mobility. The injured worker had a right leg amputation and had been using a wheelchair since 2000. The

physician noted that the injured worker required a lot of assistance. The treatment plan included continuing heat, ice, rest and home exercise, proceeding with lumbar epidural steroid injection on 8-24-15 and continuing medications (Percocet). On 8-27-15, Utilization Review modified a request for Percocet 10-325mg #90 to Percocet 10-325mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #90: Overturned

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.

Decision rationale: MTUS Guidelines support the careful use of opioids if there is meaningful pain relief, support of function (unless there are special circumstances and a lack of drug related aberrant behaviors. This individual meets these Guideline criteria. There is reported to be 50% pain relief and not drug related aberrant behaviors. This individual is wheel chair bound due to a leg amputation, which would qualify for an exception to the usual and customary functional activity measures. Under these circumstances, the Percocet 10/325mg #90 is consistent with Guidelines and is medically necessary.