MAXIMUS Federal Services

Case Number:	CM15-0176196		
Date Assigned:	09/17/2015	Date of Injury:	03/01/2013
Decision Date:	10/27/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/08/2015

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: Texas, 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:

The injured worker is a 47 year old female who sustained an industrial injury on 3-1-13. A review of the medical records indicates she is undergoing treatment for lumbago, sciatica, lumbar radiculitis, degeneration of lumbar or lumbosacral vertebrae, and cervical spondylosis without myelopathy. Medical records (4-13-15 to 7-29-15) indicate ongoing complaints of low back and neck pain. She reports that the pain in her low back is "severe and sharp" and radiates to bilateral legs and hips. It is associated with weakness, spasms, stiffness, numbness, and tingling. She complains of "pins and needles" in her feet. She reports her neck pain is also "sharp" and interferes with her activities of daily living, such as cleaning, bathing, dressing, and running errands. She reports that activity modification, non-steroidal anti-inflammatory medications, and "previous conservative therapies" have provided "minimal relief". The physical exam (7-29-15) indicates L3-L5 spasms, bilateral paraspinal muscle tenderness, pain with flexion and extension, and decreased sensation over the right leg (7-29-15). The patient has had positive SLR. Diagnostic studies have included an MRI of the cervical spine, x-rays of the cervical spine, an MRI of the lumbar spine, x-rays of the lumbar spine, and a Dexascan. Treatment has included medications: Amlodipine, Omeprazole, Hydrochlorothiazide, Fioricet, Losartan, Clonazepam, Flexeril, and Hydrocodone, a home exercise program, and a back brace. The utilization review (8-12-15) indicates a request for authorization, including Percocet 10-325 four times daily, #120. This was modified to a quantity of 60 to allow for weaning, as there was no indication of significant benefit and increased functional improvement with the medication. The patient sustained the injury due to repetitive activities. The patient has had MRI of the

cervical spine on 5/24/13 that revealed disc protrusions and MRI of the lumbar spine that revealed disc protrusions; MRI of the right and left shoulder that revealed tendinosis. Patient had received lumbar ESI for this injury. The patient has had a UDS. A recent urine drug screen report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg four times daily #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, criteria for use.

Decision rationale: Percocet 10/325mg four times daily #120. This is an opioid analgesic. According to CA MTUS guidelines cited below, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function, continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. The level of pain control with lower potency opioids and other non opioid medications without the use of this opioid was not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Percocet 10/325mg four times daily #120 is not established for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms. Therefore is not medically necessary.