MAXIMUS Federal Services

Case Number:	CM15-0176258		
Date Assigned:	09/17/2015	Date of Injury:	03/26/1994
Decision Date:	10/20/2015	UR Denial Date:	08/18/2015
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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 69 year old female, who sustained an industrial injury on 3-26-94. The injured worker has complaints of low back pain with radiation of pain to bilateral lower extremities after prolonged walking. The documentation noted on 7-22-15, the injured worker rates the pain level 4 out of 10 and the visual analog scale and that her pain increased after physical activity. There is palpatory tenderness from L3 through S1 (sacroiliac). the documentation on 7-22-15 noted that they have tried to increase Dilaudid via intrathecal pump by just 2 percent but the injured worker is very sensitive to mediation and because of the sensitivity to Dilaudid the injured worker requires Percocet on a more frequent basis of every 4 to 6 hours in order to be functional. The diagnoses have included low back pain; lumbar degenerative disc disease; lumbar radiculopathy; status post lumbar fusion and status post intrathecal pump implant. Treatment to date has included lumbar spine fusion; intrathecal pump implantation and Percocet for pain. The original utilization review (8-18-15) modified the request for Percocet 5-325mg to Percocet 5-325mg #24 between 6-11-15 and 10-16-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg: 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): Implantable drug-delivery systems (IDDSs), Opioids, criteria for use.

Decision rationale: The claimant has a remote history of a work injury in March 1994 and is being treated for chronic radiating low back pain including a diagnosis of post-laminectomy syndrome. Current treatment included an intrathecal drug delivery system with Hydromorphone. When seen, the pump and Percocet were providing a 50% relief of pain with improved function of 70-80%. She was taking Percocet 3-4 times per day for breakthrough pain and had been unable to tolerate an increased intrathecal dose due to side effects. Physical examination findings included a BMI of 40. There was decreased lumbar range of motion with decreased left lower extremity strength. There was lower extremity edema. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Percocet (Oxycodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain with improved function. She is not able to increase her intrathecal dose due to side effects. Continued prescribing was medically necessary.