

Case Number:	CM15-0177610		
Date Assigned:	09/18/2015	Date of Injury:	08/15/2011
Decision Date:	10/21/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/09/2015

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 62 year old male, who sustained an industrial injury on 8-15-11. Medical record indicated the injured worker is undergoing treatment for chronic pain syndrome, lumbar post-laminectomy syndrome and unspecified accident. Treatment to date has included lumbar laminectomy, physical therapy, oral medications including Cyclobenzaprine 10mg, Duexis 800mg, Flomax 0.4mg, Gabapentin 300mg, Percocet 10-325mg (since at least 1-21-15) and Valium 5mg. On 7-23-15 and 8-26-15, the injured worker complains of low back pain with radiation to bilateral lower extremities, left buttock pain and pain in left hip; pain is intermittent and rated 5 out of 10 with medications and 9 out of 10 without medications. It is noted the Percocet helps greatly with his pain and helps him to be more mobile; however, he can only walk 40 yards 5 times per day. He is currently not working. Physical exam performed on 7-23-15 and 8-26-15 revealed tenderness to palpation of paraspinal region at L3, ileolumbar regional and the gluteus maximus and restricted painful range of motion; limited range of motion of hips and diminished right knee reflex with absent left knee reflex and decreased sensation on the sole of the foot and posterior leg. A request for authorization was submitted on 8-26-15 for Percocet 10-325mg #120 and aqua therapy. On 9-2-15, utilization review non-certified a request for Percocet 10-325mg noting there was no documentation of urine drug testing to confirm compliance, there is no mention of improvement in pain or function with activities of daily living improved but not a significant improvement and he has not returned to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10.325mg #120: 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, Opioids, dosing.

Decision rationale: The claimant sustained a work injury in August 2015 and is being treated for chronic pain including a diagnosis of post-laminectomy syndrome. Medications are referenced as decreasing pain from 9/10 to 5/10 and helping him to be more mobile including climbing stairs and walking. When seen, physical examination findings included a depressed affect. There was an antalgic gait. He had decreased and painful lumbar and left hip range of motion. There was lumbar tenderness and decreased right lower extremity sensation and decreased patellar reflex. Percocet was prescribed at a total MED (morphine equivalent dose) of 60 mg per day. 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 and improved activities of daily living and activity tolerance with specific examples provided. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.