MAXIMUS Federal Services

Case Number:	CM15-0060321		
Date Assigned:	04/06/2015	Date of Injury:	02/03/1997
Decision Date:	05/13/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/30/2015

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, Florida
Certification(s)/Specialty: Anesthesiology, 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 was a 65 year old male, who sustained an industrial injury, February 3, 1997. The injured worker previously received the following treatments Lyrica, MS Contin, Morphine sulfate, Norco and Oxycodone. The MS Contin was discontinued because of daytime drowsiness. The injured worker was diagnosed with lumbar DDD (degenerative disc disease), status post fusion, left sided foot drop and lumbar radiculopathy. There are associated diagnoses of depression and anxiety disorder. According to progress note of March 6, 2015, the injured workers chief complaint was worsening pain in the low back and left lower limb and foot pain. The injured worker rated the pain and 2-5 out of 10; 0 being no pain and 10 being the worse pain. The intermittent back pain with spasms with radiating pain mainly down the left lower extremity with a constant burning pain in the left foot toes. Foot pain was 5 out of 10, but was well controlled when on Lyrica. The physical exam noted intermittent back spasms and low back pain with radiation down mainly the left lower extremity. The treatment plan included a prescription for Percocet and Oxycontin.The medications listed are Lyrica, Cymbalta, Percocet and Oxycontin. The records showed a 1 year gap from 2014 during which time the IW reported no utilization of chronic opioid medications. There is documentation of non compliant to the utilization of Lyrica and Cymbalta. The UDS was noted to be inconsistent with non detection of previously prescribed MS Contin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction, sedation, and adverse interaction with other sedatives medications. The records did not show that the patient failed treatment with NSAIDs and non opioid medications. The patient was noted to be non compliant with utilization of Lyrica despite reported efficacy for the treatment of the lower extremities pain. It was noted that the UDS did not show prescribed opioid medications. There was documentation of sedative effects related to utilization of opioid medications. The records did not show that the psychosomatic symptoms were being effectively managed. The guidelines recommend that non opioid co-analgesic such as gabapentin and antidepressants be utilized in chronic pain patients with co-existing psychosomatic disorders. The criteria for the use of Hydrocodone/APAP 10/325mg #30 2 refills was not met and therefore not medically necessary.