

Case Number:	CM15-0061926		
Date Assigned:	04/07/2015	Date of Injury:	07/03/2014
Decision Date:	05/13/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/01/2015

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 is a 48-year-old male, who sustained an industrial injury on 07/03/2014. He has reported subsequent back pain and was diagnosed with lumbar strain/sprain and lumbar radiculopathy. Treatment to date has included oral pain medication, bilateral sacroiliac injections, chiropractic therapy and TENS unit. The MRI of the lumbar spine showed degenerative disc disease. In a progress note dated 03/06/2015, the injured worker complained of low back pain associated with burning sensation of hr lower extremities. Objective findings were notable for slight tenderness bilaterally at the insertions of the erector spinae into the ilium and at the lower segments of the supraspinous ligament, decreased sensation to light touch over both dorsal feet and positive supine straight leg raise on the right. A request for authorization of Percocet was submitted. The IW noted that utilizing Percocet as directed did not result in any reduction in the pain. Bilateral SI joint injections were noted to result in 50 % reduction in back pain. The 11/18/2014 UDS was inconsistent with the presence of alcohol metabolites.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #70: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

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 short-term treatment of 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, addiction, sedation and adverse interactions with other sedatives. The records indicate that the patient was non-compliant with opioid medications treatment. There were requests for dose escalation and positive UDS test for alcohol metabolites. The patients reported lack of efficacy with utilization of Percocet. There is no documentation of failure of treatment with NSAIDs or co-analgesics such as gabapentin for the treatment of the lower extremities burning pain. The use of Percocet 5/325mg #70 is not medically necessary.