

Case Number:	CM15-0066010		
Date Assigned:	04/13/2015	Date of Injury:	05/12/2000
Decision Date:	05/19/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/07/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63 year old male, who sustained an industrial injury on 05/12/2000. The initial complaints or symptoms included mid back pain after falling backwards over a curb. The injured worker was diagnosed as having back pain status post mechanical fall. Treatment to date has included conservative care, medications, conservative therapies, injections, and CT scans. Currently, the injured worker complains of slowly worsening low back pain with numbness, stinging and burning sensations. The injured worker reported an increase in the amount of Norco he was taking and requested something stronger. The diagnoses include chronic back pain with disc issues and cumulative injuries. The treatment plan consisted of supplementing his medications with Percocet as needed, possible pool therapy or non-weight bearing exercises, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The 63 year old patient presents with low back pain with numbness, stinging and burning sensations. The request is for Percocet 10/325mg #120 with 3 Refills. The provided RFA is dated 03/24/15 and the patient's date of injury is 05/12/00. The patient was diagnosed as having back pain status post mechanical fall. Per 03/24/15 report, physical examination to the back revealed tenderness generalized in the lower back to palpation. The patient is able to ambulate adequately. There are no other exam findings provided. Treatment to date has included conservative care, medications, conservative therapies, injections, and CT scans. Current medications include Percocet, Norco, Flexeril, Nexium, Imitrex, Ibuprofen, Simvastatin, and ProAir Hfa. The patient's work status is unavailable for review. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. Per 03/24/15 report, treater states, "At this point, recommend that we go to Percocet 10/325 one q.i.d. and then back down as he can, but supplement with occasional Motrin." Prior use of medications or any opiate use is unknown as there is only one progress report provided. In this case, recommendation for initiating a new opioid cannot be supported as there is no baseline functional assessment to necessitate a start of a new opioid. It is also not known what other medications have been tried. Prior to starting any opiates, MTUS require that "functional assessments should be made. Function should include social, physical, psychological, daily and work activities." Given the lack of a clear demonstration of the need for the opiate, the request is not medically necessary.