

Case Number:	CM15-0066774		
Date Assigned:	04/14/2015	Date of Injury:	01/06/2003
Decision Date:	05/13/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/08/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 64-year-old female, who sustained an industrial injury on 01/06/2003. She has reported injury to the neck and low back. The diagnoses have included cervical spine myofasciitis with radiculitis; and lumbar spine myofasciitis with radiculitis. Treatment to date has included medications, diagnostics, lumbar epidural steroid injection, physical therapy, and surgical intervention. Medications have included Percocet and Lyrica. A progress report from the treating provider, dated 02/24/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of back pain that travels down her back to her left foot; the right leg has begun to hurt; and neck pain is greatly reduced. Objective findings included tenderness and limited range of motion of the lumbar spine, with pain in both flexion and extension. The treatment plan has included the request for Percocet 10/325 mg quantity 60; and custom LSO (lumbosacral) brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 80.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. There is no documentation that the patient fits either of these criteria. Percocet 10/325 mg Qty 60 is not medically necessary.

Custom LSO (lumbosacral) Brace, dispensed: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According to the MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Based on the patient's stated date of injury, the acute phase of the injury has passed. Custom LSO (lumbosacral) Brace is not medically necessary.