

Case Number:	CM15-0067799		
Date Assigned:	04/15/2015	Date of Injury:	10/03/1996
Decision Date:	05/15/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/09/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 52 year old male, who sustained an industrial injury on 10/03/1996, while employed as a carpenter. He reported being compacted between a building roof and scissor lift. The injured worker was diagnosed as having neck pain, cervical spondylosis, status post C5-6 fusion, low back pain, pseudoarthrosis at L5-S1, lumbar spinal stenosis at L4-5, lumbar radiculitis, and chronic pain syndrome. Treatment to date has included diagnostics, cervical fusion, lumbar laminectomy, lumbar fusion (2002), acupuncture, physical therapy, lumbar epidural steroid injection, and medications. Currently, the injured worker complains of constant low back pain, with radiation to the right buttock and left foot. Pain was rated 6-7/10 with medications and 9-10/10 without. Magnetic resonance imaging of the cervical spine (11/2013) and computerized tomography of the lumbar spine (2/2014) were referenced. He was currently employed. Urine toxicology was documented as consistent with prescribed medications. Current medication use included Percocet 10/325mg twice daily as needed. The use of Percocet was noted for at least one year.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325MG #45 NO DOSAGE, FREQUENCY, DURATION REFILLS FOR LUMBAR SPINE PAIN, AS AN OUTPATIENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, although the provider stated in the notes that the medications reduce his rated pain from 9-10/10 to 6-7/10 on the pain scale, more detail is needed regarding specific functional gains directly related to the Percocet use, which was missing from the documentation. Also, if the Percocet is being used "minimally" as reported, then a more complete report of how often and how they are being used is required. Therefore, at this time, the request for ongoing Percocet use will be considered medically unnecessary.