

Case Number:	CM15-0072425		
Date Assigned:	04/17/2015	Date of Injury:	02/17/2000
Decision Date:	05/27/2015	UR Denial Date:	03/27/2015
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: 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 64 year old male, who sustained an industrial injury on February 17, 2000. He reported upper and lower back, hips, right knee, and right calf pain. The injured worker was diagnosed as having lumbar degenerative disc disease, status post lumbar 5/sacral 1 fusion in 2004 with subsequent broken hardware in 2006 that was not repaired, sacroilitis and recent endocarditis. Diagnostics to date has included MRI. Treatment to date has included physical therapy, epidural steroid injection with initial relief, scapular injections with relief, and short-acting and long acting opioid, muscle relaxant, anti-anxiety medications. On February 7, 2015, the injured worker complains of right chest wall and left knee pain, and headaches with associated symptoms of depression, hip pain, right scapular pain, right shoulder injuries, more interruptions in sleep pattern and increased irritability. His pain was rated 6/10. The physical exam revealed normal motor and intact sensory of the bilateral upper and lower extremities. There were diminished pinwheel findings in the right sacral 1 and lumbar 2-4, symmetric deep tendon reflexes in the bilateral upper and lower extremities, and tenderness of the thoracic and lumbar spines, head, neck, rib cage, back, and pelvis. The left shoulder and right hip were high, with a forward leaning antalgic gait. There was diffuse left thoracic spine tenderness to palpation, maximum tenderness at lumbar 4-5 and lumbar 5-sacral 1, and extending to low thoracic spine. His mood was depressed. The treatment plane included tapering of his short-acting opioid medication. The medications listed are Norco, Oxycontin, oxycodone, Ambien, Xanax and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #250: 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 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 treatment of severe musculoskeletal pain when treatment with standard NSAIDs and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction, opioid induced hyperalgesia and adverse interaction with other sedative medications. The records indicate that the patient is utilizing multiple opioids and other sedative medications concurrently. There is documentation of persistent severe pain and function limitation despite utilization of high dose opioid medications indicating possible hyperalgesia state. There is no documentation of guidelines required compliance monitoring of UDS, CURES data reports, absence of aberrant behavior or functional restoration. The records indicate that the opioid medications are being weaned. The criteria for the use of Percocet 10/325mg #250 was not met. Therefore the request is not medically necessary.