

Case Number:	CM15-0075115		
Date Assigned:	04/27/2015	Date of Injury:	05/30/2006
Decision Date:	05/22/2015	UR Denial Date:	03/21/2015
Priority:	Standard	Application Received:	04/20/2015

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:

This 50 year old man sustained an industrial injury on 5/30/2006. The mechanism of injury is not detailed. Evaluations include nerve conduction studies and lumbar spine MRI dated 1/16/2015. Diagnoses include lumbar degenerative disc disease, chronic low back pain, lower extremity paresthesia, chronic neck pain, headaches, cervical discogenic and facetogenic pain, left upper extremity paresthesia, myofascial pain, depression, chronic pain syndrome, right elbow pain, bilateral shoulder pain, and bilateral lower extremity radiculitis. Treatment has included oral medications, physical therapy, injections, surgical intervention, and use of a cane. Physician notes dated 3/4/2015 show complaints of neck and low back pain. He also complains of right shoulder pain due to using the cane. Recommendations include lumbar spine epidural steroid injections, possible spinal cord stimulator or intrathecal pain pump, increase Kadian, Percocet, Lunesta, Cymbalta, Lyrica, decrease Naproxen, Prilosec, and cognitive behavior therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #90: Overturned

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, the provider was appropriately assessing the opioid use and benefits at each visit. There was a recent decrease in opioid medication as advised by previous reviewers. However, the worker became unable to leave bed due to severe pain without the Percocet or Kadian. With the use of these, the provider reported that he was able to work/volunteer and walk more with a pain level reduction from 10/10 to 7/10 on the pain scale. Therefore, considering the evidence of benefit from the notes provided for review, the Percocet is medically necessary at this time.