

Case Number:	CM15-0075435		
Date Assigned:	04/27/2015	Date of Injury:	12/28/2011
Decision Date:	05/22/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/21/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 43 year old female, who sustained an industrial injury on December 28, 2011. The injured worker has been treated for low back and bilateral hip complaints. The diagnoses have included chronic pain syndrome, lumbosacral spondylosis without myelopathy, opioid dependence, pain in joint of the pelvic region and thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included medications, radiological studies, psychological assessments, H-wave unit, physical therapy, a home exercise program and bilateral hip replacement surgery. Current documentation dated March 25, 2015 notes that the injured worker reported ongoing constant lumbar pain worse on the left. The pain was rated a three out of ten on the visual analogue scale. Associated symptoms include burning, numbness and tingling. Physical examination of the lumbar spine revealed tenderness to palpation of the paraspinal area and throughout the back. Range of motion was noted to be decreased in all planes. A straight leg raise test was positive bilaterally. The treating physician's plan of care included a request for the medication Percocet 10/325 mg # 100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #90 one orally three times daily #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine and ongoing management Page(s): 26-27 and 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic)- Buprenorphine for chronic pain.

Decision rationale: Percocet 10/325mg #90 one orally three times daily #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient was on Buprenorphine prior to Percocet. Buprenorphine is recommended by the MTUS for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The ODG states that this is not first line for chronic pain. The documentation is not clear on why Buprenorphine was stopped and Percocet started as Buprenorphine is not considered first line. The MTUS states that a satisfactory response to opiate treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long term opioids without significant evidence of functional improvement therefore the request for continued opioids such as Percocet is not medically necessary.