

Case Number:	CM15-0079500		
Date Assigned:	04/30/2015	Date of Injury:	03/30/2011
Decision Date:	05/29/2015	UR Denial Date:	04/04/2015
Priority:	Standard	Application Received:	04/24/2015

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 59 year old female injured worker suffered an industrial injury on 03/30/2011. The diagnoses included lumbar myoligamentous injury with left lower extremity radiculopathy, lumbar facet syndrome and migraine headaches. The diagnostics included lumbar x-rays. Lumbar computerized tomography, magnetic resonance imaging and electromyographic studies. The injured worker had been treated with medications, trigger point injections and epidural steroid injections. On 3/28/2015 the treating provider reported ongoing and debilitating pain in the lower back radiating down to the left lower extremity rated 7/10. On exam there was impaired gait, and moving slowly in favor of the left leg. The lumbar muscles were tender with increased rigidity and positive trigger points. The treatment plan included Percocet and Anaprox.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Percocet 10/325 MG #180 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to 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 Percocet without significant evidence of functional improvement therefore the request for continued opioids is not medically necessary.

Anaprox 550 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: Anaprox 550 MG #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that NSAIDs (non-steroidal anti-inflammatory drugs) are recommended the lowest dose for the shortest period in patients with moderate to severe pain; for acute exacerbations of chronic pain NSAIDs are recommended as a second-line treatment after acetaminophen. For chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. The documentation indicates that the patient has been on long term Anaprox without significant evidence of functional improvement. The MTUS does not support long term NSAIDs for this patient's condition. The request for continued Anaprox is not medically necessary.