

Case Number:	CM15-0098762		
Date Assigned:	06/01/2015	Date of Injury:	12/26/1996
Decision Date:	07/07/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/21/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 a 50-year-old female, with a reported date of injury of 12/26/1996. The diagnoses include lumbar spine disc disease with right lower extremity neuropathy. Treatments to date have included oral medications and an MRI of the lumbar spine. The medical report dated 04/15/2015 indicates that the injured worker felt that her mid and low back pain was worsening over time, and the left arm was becoming numb and burning in sensation especially at bedtime. It was noted that the injured worker had just started to get some sleep with the Oxycontin added back to her regimen. The objective findings include paraspinous muscle tenderness from L1-S1, no spinous process tenderness of the lumbar spine, weakness in the right leg, inability to walk on bilateral toes or heels, decreased sensation and motor strength in the bilateral lower extremity, tenderness in the right rhomboid muscles and paraspinous muscles at T3-T7, and paraspinous muscle tenderness between the shoulder blades around T4-5. The medical report dated 03/18/2015 indicates that the injured worker rated her pain 8 out of 10. It was noted that she felt that her mid and low back pain was worsening over time, and the left arm was becoming numb, and there was a burning sensation especially at bedtime. There was no documentation of increased pain relief or functionality. The treating physician requested Percocet 10/325mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet (oxycodone & acetaminophen); Opioids, specific drug list - Oxycodone/acetaminophen (Percocet; generic available); Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R Page(s): 79, 80 and 88 of 127.

Decision rationale: This claimant was injured in 1996. She is also on Oxycontin, which improved her sleep. There is no documentation of improved, objective functional measures out of the medicine regimen. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section when to discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not certified per MTUS guideline review.