MAXIMUS Federal Services

Case Number:	CM13-0007138		
Date Assigned:	12/04/2013	Date of Injury:	10/20/1994
Decision Date:	03/17/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation, and is licensed to practice in California, District of Columbia, Florida, and Maryland. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

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 patient is a 63-year-old male who was injured in work related incident on 10/20/1994. The mechanism of the injury was not noted in the provided report. Per the evaluation by [redacted] on 6/19/2013, the patient reported a new onset of low back pain with some numbness in his left thigh, but no pain radiating into his legs. He also reported continued left ankle pain and swelling but that his ankle brace and pain medication help manage it. The objective findings included tightness and tenderness in the lumbar region with the right side being worse than the left. Lower extremity neurological testing was negative. Lumbar flexion was limited to 20 degrees and extension to less than five degrees. Left ankle edema was present and left ankle range of motion was limited. On 8/2/2013 [redacted] stated that the progress reports from previous visits indicated that the patient benefited from pain medications and was able to live a normal life due to medication use. The provider noted that the patient had occasional pain flare ups due to the devastating injured he sustained in 1994 which left him with residual pain and disability; however these flare ups did not indicate that the pain mediation was unnecessary or ineffective. Currently the patient is taking Oxycontin 40mg, Percocet and Ibuprofen 600 mg. At issue is the request for 1 prescription of Percocet 10/325mg #90 which was denied for lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Percocet 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC-Pain (Chronic) (updated 11/14/13)-Opioids for chronic pain

Decision rationale: The continued use of Percocet by this patient does not appear to be supported by the guidelines at this time. The guidelines do not recommend long-term use of opioids. Although the patient has reported continually high pain levels, current evidence based treatment guidelines state that if opioids provide improved functioning, continuation as a secondary line of treatment is warranted. However, in this patient, the medical records do not document evidence of improved function and pain relieve while using this medication since 11/28/2012. Due to risk of withdrawal, abrupt discontinuation o opioids is not recommended, hence the prospective request for a prescription of Percoc.et 10/325mg #90 is not medically necessary.