

Case Number:	CM13-0011165		
Date Assigned:	06/06/2014	Date of Injury:	11/24/1997
Decision Date:	07/11/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/14/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in California & Nevada. 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/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 injured worker is a 49 year old male who sustained an injury on 11/24/97. No specific mechanism of injury was noted for the date of injury. The injured worker was involved in a motor vehicle accident prior to the date of injury and was subsequently assaulted by the occupants of the other vehicle. The injured worker had prior lumbar discectomy followed by lumbar fusion in 2008. The injured worker was followed for ongoing chronic low back pain subsequent to these procedures. The injured worker was seen on 04/22/13 after three year hiatus. The injured worker was last seen by a treating physician on 09/2010. The injured worker indicated that he had been unhappy with other physicians in the area. Medications included Neurontin with refills. The injured worker reported ongoing complaints of low back pain radiating to the left lower extremity. Physical examination was not specific. There was a recommendation regarding updated MRI of the lumbar spine and radiographs of the left hip. Follow up with [REDACTED] on 05/29/13 noted that the injured worker had recent falls. The injured worker was utilizing an extensive amount of Motrin up to six per day with associated heartburn. The injured worker was requesting better pain control for his symptoms. Physical examination at this evaluation noted decreased strength in the left lower extremity with loss of sensation in the left inner thigh. MRI noted post-operative changes at L5-S1 with no evidence of severe adjacent level disc disease. Due to the insufficient pain control being obtained with Neurontin and Motrin the injured worker was prescribed Percocet 10/325mg and Prilosec for gastrointestinal protection. Follow up on 08/08/13 noted that the injured worker was doing better with morphine sulfate in addition to Percocet. These medications improved overall activities of daily living. It was unclear whether the injured worker was placed on a narcotics contract at this evaluation. Drug screen samples were taken at this evaluation. The requested Percocet 10/325mg and MS Contin 15mg were denied by utilization review on 07/22/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325 MG QID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the request for Percocet 10/325mg used QID, this reviewer would not have recommended this medication as medically necessary. The clinical documentation at the time Percocet was prescribed in May of 2013 did not consider other first line recommended short acting narcotics for pain such as Norco. There was no initial screening for any aberrant medication behaviors or elevated risk factors for narcotics abuse. No initial toxicology results were obtained prior to the prescriptions for narcotics. Furthermore the initial request was non-specific in regards to quantity or frequency and duration. Given the unspecified request for Percocet and lack of an appropriate work up prior to the prescription of narcotics, this reviewer would not have recommended the request as medically necessary based on Chronic Pain Medical Treatment Guidelines.

MS CONTIN 15 MG BID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the request for MS Contin 15mg used BID, this reviewer would not have recommended this medication as medically necessary. The clinical documentation at the time MS Contin was prescribed between May and August of 2013 did not consider other first line recommended short acting narcotics for pain such as Norco. There was no initial screening for any aberrant medication behaviors or elevated risk factors for narcotics abuse. No initial toxicology results were obtained prior to the prescriptions for narcotics. Furthermore the initial request was non-specific in regards to quantity or frequency and duration. Given the unspecified request for MS Contin and lack of an appropriate work up prior to the prescription of narcotics, the request is not medically necessary based on Chronic Pain Medical Treatment Guidelines.