

Case Number:	CM13-0018452		
Date Assigned:	10/11/2013	Date of Injury:	12/04/2000
Decision Date:	01/02/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/29/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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.

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 43 YO, M with a date of injury on 12/4/2000. The patient's diagnoses include: lumbar spondylosis; chronic low back pain; lumbar radiculopathy; chronic pain syndrome; depression. The progress report dated 6/4/13 by Dr. [REDACTED] noted that the patient reported continued low back pain and left leg pain, which is under good control with pain medication. The patient rated his pain at 7/10 without medication coming down to a 3/10 with medication. Overall the patient was doing well with his pain medicine and denied any adverse reaction. The patient did not exhibit any aberrant behavior. The progress report dated 8/2/12 by Dr. [REDACTED] noted that the patient was on the same pain medication regimen. At that time the patient had tried to decrease his medication use but was unable to function at a lower dose.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #150: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Long term use of Opioids Page(s): 75, 88-89.

Decision rationale: The progress report dated 6/4/13 by Dr. [REDACTED] noted that the patient reported continued low back pain and left leg pain, which is under good control with pain medication. The patient rated his pain at 7/10 without medication coming down to a 3/10 with

medication. Overall the patient was doing well with his pain medicine and denied any adverse reaction. The patient did not exhibit any aberrant behavior. The progress report dated 8/2/12 by Dr. [REDACTED] noted that the patient was on the same pain medication regimen. At that time the patient had tried to decrease his medication use but was unable to function at a lower dose. The patient has been on opioid medication for more than 6 months, therefore MTUS pg. 88,89 regarding long term users of opioids is the appropriate guideline for this case. MTUS requires functional documentation at least once every 6 months of a decrease in pain, increased level of function, or improved quality of life for a satisfactory response to treatment with opioid medication. Also under strategy for maintenance it states "do not attempt to lower the dose if it is working". This case appears to be supported by the guidelines noted above. The request for Percocet 10/325mg #150 is medically necessary and appropriate.

Oxycontin 30mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, Long term use of Opioids Page(s): 75, 88-89.

Decision rationale: Again, the progress report dated 6/4/13 by Dr. [REDACTED] noted that the patient reported continued low back pain and left leg pain, which is under good control with pain medication. The patient rated his pain at 7/10 without medication coming down to a 3/10 with medication. Overall the patient was doing well with his pain medicine and denied any adverse reaction. The patient did not exhibit any aberrant behavior. The progress report dated 8/2/12 by Dr. [REDACTED] noted that the patient was on the same pain medication regimen. At that time the patient had tried to decrease his medication use but was unable to function at a lower dose. The patient has been on opioid medication for more than 6 months, therefore MTUS pg. 88,89 regarding long term users of opioids is the appropriate guideline for this case. MTUS requires functional documentation at least once every 6 months of a decrease in pain, increased level of function, or improved quality of life for a satisfactory response to treatment with opioid medication. Also under strategy for maintenance it states "do not attempt to lower the dose if it is working". The request for Oxycontin 30mg #90 is medically necessary and appropriate.