

Case Number:	CM13-0028812		
Date Assigned:	12/18/2013	Date of Injury:	10/16/1996
Decision Date:	03/10/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/25/2013

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 Pain Management, has a subspecialty in Interventional Spine 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. 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 male with unknown age, with date of injury on 10/16/1996. The progress report dated 06/12/2013 indicates that the patient's diagnoses include history of post laminectomy syndrome of the lumbar spine status post infected intrathecal pump removed. The patient continues with waxing and waning of lower back pain. The treating physician notes that the patient has become very dependent on the regimen of medications including Percocet 10/325 mg up to 8 tablets max per day as well as meloxicam 50 mg daily and Ambien at night 10 mg for pain-induced insomnia. There were no exam findings noted on this report. The patient was continued on pain medication, and utilization review letter dated 09/03/2013 indicates noncertification of Percocet 10/325 mg #240.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 88-89.

Decision rationale: The patient continues with low back pain with unknown intensity. The patient has a history of post laminectomy syndrome on the lumbar spine. The medical records contained 36 pages with total of 3 progress reports dated 11/09/2011, 01/02/2013, and 06/12/2013. There were no physical exam findings noted on these 3 reports. The treating physician does not document level of pain or functional gain the patient receives by taking this pain medication. MTUS Guidelines regarding long-term users of opioids pages 88 and 89 states that pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. MTUS page 78 regarding trial of opioid, regarding ongoing management recommends assessment of the 4 A's which include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, and the medical records reviewed did not contain any of this documentation. Therefore, recommendation is for denial.