

Case Number:	CM13-0032593		
Date Assigned:	12/11/2013	Date of Injury:	08/29/1995
Decision Date:	01/21/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/07/2013

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 Occupational Medicine 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:

Claimant is a 67 year old male with date of injury 8/29/1995 who has been treated for low back pain status three back surgeries. He has been treated chronically with opioid pain medications, with pain rated at 7-9/10 that decreases by 50% with the use of Norco 7.5/325 mg 4-5 times per day. He has been transitioned to Percocet 5/325 twice per day, which decreases his pain by a "medium" degree, allowing him to do some yard work. Objective findings include tenderness along the L4-5 level, 45 degrees of flexion, 5/5 muscles strength of ankle dorsiflexors, decreased sensation along right lateral lower leg, 0+ Achilles reflexes and negative straight leg raise. The claimant is reportedly more functional with the use of opioid medications, able to go grocery shopping and perform household chores and yard work, but without medications is mostly sedentary. Diagnoses include: 1) status post lumbar decompression and fusion of L3-L1 dated 9/6/1996, 2) status post hardware removal dated 9/30/1997, 3) pseudoarthrosis L3-4 status post revision fusion dated 6/1/2010, 4) residual chronic low back pain with mild right sided radicular pain, 5) diabetes, 6) hypertension.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Percocet 5/325mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids long-term assessment..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-89.

Decision rationale: The claimant is being treated chronically with opioid pain medications, with adjuvant medications including neurontin, Zoloft, and Relafen. His pain management has been stable, without indications of abuse or aberrant drug behaviour. The use of opioid pain medication does appear to improve the claimant's ability to function, and overall improves his quality of life. The morphine dose equivalent has been at approximately 30 mg per day for over a year, with no indication of needing to increase the dose. This dosing is well below the 120 mg per day maximum suggested by the guidelines below. Following close review of the clinical notes provided and the guidelines cited below, the request for Percocet 5/325 mg #60 is considered medically necessary.