

Case Number:	CM13-0033271		
Date Assigned:	12/06/2013	Date of Injury:	07/12/1995
Decision Date:	01/28/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/09/2013

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 & 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. 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:

A treating physician followup note of 09/04/2013 describes an acute flare of cervical pain due to a sneeze, myofascial sprain/strain, degenerative disc disease, lumbar fusion, shoulder/knee bursitis, status post partial knee replacement of the left knee, and multilevel degenerative disc disease of the cervical spine. At that time, the patient was taking OxyContin, Percocet, and Cymbalta. On exam, the patient had tenderness at the lumbar spine with a well-healed scar as well as painful range of motion of the lumbar spine in all directions with a functional gait and no specific change in the patient's neurological exam. The treating physician felt the patient was permanent in station and recommended that the patient return in 4 weeks. The initial physician reviewer noted the patient's recent medical history as of 09/04/2013 and notes the patient's history of a lumbar fusion and chronic lumbosacral pain. That reviewer noted that multiple past physician reviews had recommended weaning of Percocet and noted that there have not been any quantitative improvements or changes in function with the continued use of multiple opioids. Therefore, that reviewer recommended modification of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 7.5/325mg #90 between 9/4/2013 and 11/15/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: The MTUS guidelines recommend "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids." The medical records at this time do not contain sufficient monitoring of the 4 domains of opioid management as recommended by the treatment guidelines. A recent sneeze with worsening of pain is not sufficient to support an indication for opioids, particularly given the significant concerns addressed on multiple prior physician reviews regarding lack of monitoring for the efficacy indication for opioid treatment. This request is not medically necessary.