

Case Number:	CM13-0039824		
Date Assigned:	12/20/2013	Date of Injury:	06/14/2005
Decision Date:	06/30/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/09/2013

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 Family Practice and is licensed to practice in Texas. 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 56 year old male who reported an injury on 06/14/2005. The injured worker slipped and fell on stairs. The injured worker complained of constant low back pain and constant to severe left sciatica pain and numbness to the toes. The injured worker reported that the pain increases with activity. On physical examination there was tenderness over the greater left lumbar spine than the right. Range of motion is diminished with flexion at 30 degrees, extension at 10 degrees and right lateral bending at 10 degrees. The injured worker was diagnosed with post laminectomy syndrome, lumbar disc disease and lumbar radiculitis. Past treatment for pain included two trigger point infections, epidural injection and physical therapy. Medication included Trazadone, Gabapentin, Norco, Percocet and anaprox , the treatment plan was for Percocet 10/325mg 1 by mouth every 6 hours as needed for pan. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325MG 1 BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Opioids Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Opioids Page(s): 74.

Decision rationale: The request for Percocet 10/325mg 1 by mouth every 6 hours as needed for pain is non-certified. The injured worker complained of constant lower back pain, and moderate to severe left sciatica pain with pain and numbness to the toes. The injured worker was taking Norco and Percocet for pain with no documentation of relief. California Medical Utilization Schedule (MTUS) guidelines state that the criteria for on-going management of opioids: include the on-going review and documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines states that the on-going monitoring of the four domains are most relevant for monitoring chronic pain for patients on opioids: pain relief, side effects, physical functions, and the occurrence of any potential aberrant drug-related/seeking behavior. Although there were documented urine drug screen, there was no quantified assessment of pain, no current pain assessment regarding current pain on the VAS scale, average pain, intensity of pain, or longevity of pain. In addition there was no mention of side effects or lack of side effects. As such, the request for Percocet 10/325mg 1 by mouth every 6 hours as needed for pain is not medically necessary.