

Case Number:	CM13-0052311		
Date Assigned:	12/27/2013	Date of Injury:	06/15/2010
Decision Date:	03/17/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/24/2013

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:

According to the records made available for review, this is a 47-year-old male with a 6/15/10 date of injury. At the time of request for authorization for Percocet 10/325mg 1 PO Q 4hrs #180, there is documentation of subjective (right knee pain with stiffness rated as a 5-6 out of 10, low back pain with stiffness and numbness/radicular pain in the left leg rated as an 8 out of 10, and hip pain) and objective (decreased muscle strength with right hip abductors/adductors, right quadriceps, right foot dorsiflexors/plantar flexors, decreased range of motion of the right knee with crepitance, laxity to lateral testing, positive provocative maneuvers of the right knee, decreased sensation of the right lower extremity, positive pelvic thrust pain, positive right Faber maneuver, pain to palpation over L2-L3 and L3-L4 spinous processes, and positive straight-leg raising bilaterally) findings, current diagnoses (chronic low back pain with left lower extremity radicular pain and right patellar chondromalacia), and treatment to date (physical therapy and medications (Percocet) started on 5/31/13). 10/2/13 medical report indicates discussion with the patient regarding the potential for addiction and habituation with the use of narcotic pain medication. There is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of short-term treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg 1 PO Q 4hrs #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects as criteria necessary to support the medical necessity of Norco. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that opioids for chronic back pain appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Within the medical information available for review, there is documentation of diagnoses of chronic low back pain with left lower extremity radicular pain and right patellar chondromalacia; and prior treatment with Percocet. However, despite documentation of a discussion with the patient regarding the potential for addiction and habituation with the use of narcotic pain medication, there is no (clear) documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of Percocet since at least 5/31/13, there is no documentation of short-term treatment. Therefore, based on guidelines and a review of the evidence, the request for retrospective request for Percocet 10/325mg 1 PO Q 4hrs #180 is not medically necessary.