

Case Number:	CM13-0056566		
Date Assigned:	12/30/2013	Date of Injury:	02/12/2003
Decision Date:	03/31/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/22/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 a 56 year old male who reported an injury on 02/12/2003. The mechanism of injury is not specifically stated. The patient is currently diagnosed with chronic low back pain, 9th rib fracture, hypertension, headaches, bilateral carpal tunnel syndrome, and severe depression. The patient was seen on 08/28/2013. The patient reported improvement with pain and function following 5 aquatic therapy sessions. The patient continued to report pain across the back with radiation to the lower extremities. Physical examination revealed tenderness to palpation of the lumbar spine, decreased lumbar range of motion, positive straight leg raising, weakness, and hypesthesia in the left L5 and S1 dermatomes. Treatment recommendations included continuation of current medications, including Percocet 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg bid #60 for weaning purposes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient was previously prescribed Percocet 10/325 mg. However, there was no indication of functional improvement following the use of this medication. There is also no indication of a failure to respond to non-opioid analgesics. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.