

Case Number:	CM13-0059127		
Date Assigned:	12/30/2013	Date of Injury:	03/14/2005
Decision Date:	04/04/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/29/2013

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 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 41-year-old male who reported an injury on 03/14/2005. The mechanism of injury was not provided for review. The patient ultimately underwent L5 through S1 discectomy and fusion. The patient developed chronic low back pain that was managed with medications to include OxyContin and Percocet since at least 11/2012. The patient's most recent clinical documentation noted that the patient had continued pain complaints of the low back which radiated into the left lower extremity. It was documented that the patient received 50% pain relief and was able to maintain activities of daily living with continued use and had an up to date pain contract with consistent urine drug screens. It was noted that the patient's Percocet usage provided 40% pain relief and an ability to maintain function. It was noted that the patient had an up to date pain contract and all previous urine drug screens were consistent. Request was made for Percocet 10/325 mg and OxyContin 40 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #45: Overturned

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 Section on Opioids Page(s): 78.

Decision rationale: The requested Percocet 10/325 mg #45 is medically necessary and appropriate. The MTUS Chronic Pain Guidelines recommend the continued use of opioids be documented by a quantitative assessment of pain relief, documentation of functional benefit, managed side effects, and that the patient is monitored for aberrant behavior. The patient's most recent clinical documentation does indicate that the patient receives 40% to 50% pain relief and is able to maintain functional activities and participate in activities of daily living and self care as the result of medication usage. Additionally, it is noted that the patient has a current pain contract and has a history of consistent urine drug screens. Therefore, continued opioid usage would be supported. As such, the requested Percocet 10/325 mg #45 is medically necessary and appropriate.

Oxycontin 40mg #45: 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 Section on Opioids.

Decision rationale: The requested OxyContin 40 mg #45 is medically necessary and appropriate. The MTUS Chronic Pain Guidelines recommend the continued use of opioids be documented by a quantitative assessment of pain relief, documentation of functional benefit, managed side effects, and that the patient is monitored for aberrant behavior. The patient's most recent clinical documentation does indicate that the patient receives 40% to 50% pain relief and is able to maintain functional activities and participate in activities of daily living and self care as the result of medication usage. Additionally, it is noted that the patient has a current pain contract and has a history of consistent urine drug screens. Therefore, continued opioid usage would be supported. As such, the requested OxyContin 40 mg #45 is medically necessary and appropriate.