

Case Number:	CM13-0067121		
Date Assigned:	01/08/2014	Date of Injury:	01/10/2007
Decision Date:	05/23/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/17/2013

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 Anesthesiology and Pain Medicine 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 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 40-year-old male who reported an injury on 01/10/2007 after he pulled a 100 pound box off a conveyor belt, which reportedly caused injury to his low back. The injured worker was evaluated on 09/30/2013. It was documented that the injured worker had recent functional improvement with medication usage. It was noted that the injured worker had 9/10 pain and was requesting an additional injection. The physical findings included limited range of motion of the lumbar spine, with a positive straight leg raising test bilaterally. The injured worker was provided an injection of morphine that reduced his pain to a 4/10. The treatment recommendations included an updated MRI, and a refill of medications. It was documented that the injured worker was under a narcotic contract and that urine drug screens had previously been appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325 MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009), Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The clinical documentation submitted for review indicates that the injured worker had been taking Percocet since at least January 2013. The Chronic Pain Medical Treatment Guidelines recommend that the continued use of opioids be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has a 50% increase in function and is monitored with aberrant behavior with urine drug screens. However, the clinical documentation does not provide any evidence that the injured worker had adequate pain relief resulting from the medication usage. The clinical documentation indicates that the injured worker had a significant response to an injection of morphine. However, there was no assessment of pain relief directly related to medication usage to support continued use. As such, the requested Percocet 10/325 mg #120 is not medically necessary or appropriate.