

Case Number:	CM14-0002174		
Date Assigned:	01/24/2014	Date of Injury:	02/07/1994
Decision Date:	06/06/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/07/2014

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, 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 claimant is a 76 year old male who reported an injury on 02/07/1994. The mechanism of injury was unclear in the clinical documentation submitted. The clinical note dated 12/03/2013 reported the injured worker complained of low back pain. The patient underwent facet injection on 08/21/2013 with significant improvement in his pain with an 80% relief at the time. The patient reported the results from the injections had worn off, he continued to use the TENS unit along with Biofreeze for relief of pain. The patient reported having relief from Percocet 10-325 but no relief from Norco. The physical exam noted positive straight raise on the left and right in the back only. The provider requested for 60 Percocet 10-325mg. The request for authorization was not provided in the clinical documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 PERCOCET 10-325MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78-79.

Decision rationale: The request for 60 Percocet 10-325 is non-certified. The injured worker complained of low back pain. The injured worker underwent facet injection on 08/21/2013 with significant improvement in his pain with an 80 % relief at the time. The injured worker reported the results from the injections had worn off, he continued to use the TENS unit along with Biofreeze for relief of pain. The injured worker reported having relief from Percocet 10-325 but no relief from Norco. The California MTUS Chronic Pain Medical Treatment Guidelines recommend for ongoing review and documentation of pain relief, functional status, and appropriate medication, and side effect. Pain assessment should include: current pain, the least reported pain over the period since the last assessment; average pain, intensity of pain after taking the medication, how long it takes for pain relief, and how long the pain relief lasts. The MTUS guidelines also recommend the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation of the injured workers pain relief, how long the pain relief lasts. There was a lack of documented objective functional improvement with the medication. There is also a lack of documentation of urine drug screen in the information submitted. Therefore the request for 60 Percocet 10-325 is not medically necessary and appropriate.