

Case Number:	CM14-0009007		
Date Assigned:	02/14/2014	Date of Injury:	04/27/1990
Decision Date:	06/24/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/23/2014

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 Physical Medicine and Rehabilitation, 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 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 79-year-old female who reported an injury on 04/27/1990. The mechanism of injury was picking up a box of paper from the trunk of her car when she heard a crack in her back. The injured worker underwent 3 back surgeries. The medication history included Senokot and Percocet as of 08/2013. The documentation of 12/12/2013 revealed the injured worker's urine drug screen on 05/30/2013 was consistent with prescribed medications. The injured worker had low back pain radiating into the right thigh. The injured worker reported pain was worsening rated a 10/10. The injured worker was taking six tablets of Percocet daily to bring it down to a tolerable level. The injured worker indicated without medication she would not be able to do light housework or walk the dog. The diagnoses included chronic low back pain, history of L4-5 and L5-S1 lumbar fusion, lumbar radiculopathy, lumbar disc extrusion at L3-4, and opioid-induced constipation. The treatment plan included a refill of Percocet 10/325 mg one tablet by mouth every 4 hours as needed, maximum of 6 a day, #180 and Amitiza 24 mcg one tablet by mouth with food and water for opioid-induced constipation, a repeat MRI and an appeal for a repeat right L3-4 transforaminal epidural steroid injection. The Controlled Substance Utilization Review & Evaluation System (CURES) report was consistent with medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325MG, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines indicate that opiates are appropriate for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation that the injured worker is being monitored for aberrant drug behavior and side effects. In this case, the injured worker was noted to be utilizing the medication since 08/2013. The clinical documentation submitted for review indicated the injured worker had objective functional benefit with the medication. There was a lack of documentation of an objective decrease in pain. It was indicated that taking the Percocet allowed the injured worker to have pain to a tolerable level. The clinical documentation indicated the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Percocet 10/325mg #180 is not medically necessary.