MAXIMUS Federal Services

Case Number:	CM14-0009108		
Date Assigned:	02/12/2014	Date of Injury:	01/29/2013
Decision Date:	08/04/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/21/2014

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, has a subspecialty in 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 41-year-old male who reported an injury on 01/29/2013, due to a slip and fall. On 02/27/2014, the injured worker presented with left knee pain. Upon physical exam, there was hypermobility of the patella to the bilateral knees, bilateral defect noted on the lateral aspect of the left knee, medial and lateral joint line tenderness, and tenderness to the left knee to the parapatellar area. Diagnoses were musculoligamentous sprain/strain of the lumbar spine with herniated nucleus pulposus at L4-5 and radiculopathy, left side, at L4-5 and status post lumbar discectomy right side L4-5, 2004. Prior therapy included physical therapy and medications. The provider recommended Percocet 10/325 mg and Vistaril 25 mg, the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78.

Decision rationale: The request for Percocet 10/325 mg is not medically necessary. The California MTUS Guidelines recommend providing ongoing medication on both the benefits and limitation of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. On 12/18/2013, the provider documented that the use of Percocet was going to be discontinued due to a failed urine drug screen. The injured worker admitted to utilizing his wife's tramadol in place of the Percocet because he ran out of medication for over a week. Additionally, the injured worker has been prescribed Percocet since at least 11/2013. The efficacy of the medication was not provided. The requesting provider did not indicate the quantity or frequency of the requested medication. As such, the request is not medically necessary.

Vistaril 25 MG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness and Stress, Insomnia.

Decision rationale: The request for Vistaril 25 mg is not medically necessary. The Official Disability Guidelines state sedating antihistamines have been suggested for sleep aides, tolerance seems to develop within days and next day sedation had been noted, as well as impaired psychomotor and cognitive function. Sedating antihistamines have been shown to build tolerance against its sedation effectiveness very quickly. Although the injured worker reports the pain difficulties in previous notes, he is prescribed Ambien, and there is no clinical indication documented for Vistaril to be prescribed in addition to Ambien for insomnia/sleep disturbances. Additionally, the injured worker's insomnia severity was not addressed. The provider's request did not indicate the frequency or quantity of the requested medication. As such, the request is not medically necessary.