

Case Number:	CM14-0100031		
Date Assigned:	07/28/2014	Date of Injury:	03/08/2011
Decision Date:	08/29/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/30/2014

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 Occupational Medicine 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 patient is a 36-year-old male who has submitted a claim for status post discectomy/laminotomy with decompression at L3-4, L4-5, and L5-S1, left-sided radiculopathy L3-4, L4-5, L5-S1, disc extrusion, left paracentrally at L3-4, L4-5, and L5-S1, and degenerative disc disease of the lumbar spine associated with an industrial injury date of March 8, 2011. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of persistent back pain and leg pain with intermittent numbness. Physical examination revealed tenderness over the lumbar spine. Lumbar spine range of motion was limited secondary to pain. Flexion was 50% of normal. Extension was 60% of normal. Side to side bending was 60% of normal bilaterally. Motor strength was +3-4/5 proximally and distally on the left. Sensation to light touch was intact bilaterally. Straight leg raise test was positive on the left. FABER test was positive on the left. There was decreased range of motion of the lower extremities. Treatment to date has included laminotomy, discectomy L3-4, L4-5, and L5-S1 (2/8/12), physical therapy, acupuncture, epidural injections, work modifications, and medications, which include Norco 10/325mg, Soma 350mg, Ambien 10mg, Flexeril 10mg, Motrin 800mg, and Cialis 20mg. Utilization review from June 10, 2014 modified the request for Percocet 5/325mg #30 to Percocet 5/325mg #15. Details of the utilization review and rationale for determination were not included in the records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Opioids, On- going Management, page(s) 78-81 Page(s): 78-81.

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The monitoring of these outcomes over time should affect therapeutic decision and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been on chronic opioid treatment although the date of initial intake is not known. Earliest recorded intake is on 2/25/13 based on the available records for review. Recent progress reports indicate that the patient's current opioid medication is Percocet 10/325mg 1-2 a day every 4-6 hours as needed for pain. Specific measures of analgesia, objective improvement and functional improvements, such as improvements in activities of daily living were not documented. There was also no documentation of adverse effects or aberrant behaviors. No toxicology screenings are available. Additional information is needed as guidelines require clear and concise documentation for ongoing management. Medical necessity has not been established. Therefore, the request for Percocet 5/325 mg #30 is not medically necessary.