

Case Number:	CM14-0102875		
Date Assigned:	07/30/2014	Date of Injury:	09/04/1996
Decision Date:	10/03/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/03/2014

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 Nevada. 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 records presented for review indicate that this 64-year-old gentleman was reportedly injured on September 4, 1996. The mechanism of injury is noted as lifting a large top. The most recent progress note, dated May 7, 2014, indicates that there are ongoing complaints of low back pain, depression, and anxiety. No musculoskeletal physical examination was performed. A previous note dated April 7, 2014, states that the injured employee has complaints of low back pain and states that medications help control his pain and allow him to do routine physical activities. Current medications include Percocet, methadone, Neurontin, Flector patches, Voltaren gel, and Zanaflex. Diagnostic imaging studies of the lumbar spine show postsurgical changes at L1 - L2 and L4 - L5. There was spondylosis and central canal stenosis at L2 - L3 and L3 - L4. Previous treatment includes lumbar spine surgery. A request had been made for Percocet 5/325 and was not certified in the pre-authorization process on June 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5-325mg; 1 tab every 6 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medica Treatment Guidelines; regarding short acting.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93 of 127..

Decision rationale: The California MTUS Guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Percocet is not medically necessary.