

Case Number:	CM14-0014626		
Date Assigned:	02/28/2014	Date of Injury:	02/12/2003
Decision Date:	07/21/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/05/2014

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:

This is a 57-year-old male patient with a 2/12/03 date of injury. A 12/7/13 progress report indicated that the patient complained of lower back pain that radiated to the lower extremities. He described the pain as electric, burning pain which localized mainly in the left leg. The patient rated his pain as a 5/10 with medication and 10/10 without medication. Objective findings demonstrated tenderness in the bilateral paralumbar musculatures with mild spasm. Lumbar spine range of motion was limited. Urine drug screening dated on 11/21/13 was positive for opiates. He was diagnosed with chronic and persistent low back pain, status post L4-S1 interbody fusion (2/17/06), severe depression, headaches, and hypertension. Treatment to date: medication management and aquatic physical therapy. There is documentation of a previous 1/27/14 adverse determination, because there was not enough evidence in regards to the nature and extent of any spinal component despite the history of lumbar fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325 MG BID # 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES
Page(s): 79-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are 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 patient is noted to have improvement with his pain control from a 10/10 without medication to a 5/10 with medication. He has been monitored with urine drug screens, which have been consistent. Therefore, the request for Percocet 10/325 mg BID #60 was medically necessary.