

Case Number:	CM14-0015792		
Date Assigned:	03/03/2014	Date of Injury:	04/08/2004
Decision Date:	08/26/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/07/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 66-year-old male with a reported date of injury on 04/08/2004. The mechanism of injury was not provided within the documentation available for review. The injured worker's diagnoses included herniated disc of the cervical spine and herniated disc of the lumbar spine. Previous conservative care included a home exercise program and a gym program. Diagnostic studies and surgical history were not provided within the documentation available for review. The injured worker presented with neck and lower back pain. Upon physical examination of the cervical spine, it was noted to reveal tenderness and spasm posteriorly. The cervical spine range of motion revealed flexion to 40 degrees, extension to 20 degrees, rotation to the right and left to 60 degrees, and lateral bending to the right and left to 20 degrees. The lumbar spine presented with tenderness and spasm. Range of motion of the lumbar spine revealed flexion to 40 degrees, extension to 20 degrees, and lateral bending to the right and left to 20 degrees. The injured worker's medication regimen included Soma, Voltaren ER, Percocet, and Duragesic patches. The rationale for the request was not provided within the documentation available for review. The request for authorization for Percocet 10-325mg #120 and Duragesic 50mcg #10 was submitted on 02/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10-325MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 92.

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

Decision rationale: The California MTUS Guidelines state the ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The clinical information provided for review indicates the injured worker utilized Percocet prior to 12/2013. There is a lack of documentation related to the functional and therapeutic benefit of ongoing use of Percocet. There is a lack of documentation utilizing the VAS pain scale. In addition, there is a lack of documentation relating to ongoing review of pain relief, functional status, appropriate medication use, and side effects. In addition, the request as submitted failed to provide a frequency and directions for use. Therefore, the request for Percocet 10-325mg #120 is not medically necessary.

DURAGESIC 50MCG #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44.

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

Decision rationale: The California MTUS Guidelines state the ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The clinical information provided for review indicated the injured worker utilized Duragesic prior to 12/2013. There is a lack of documentation related to the functional and therapeutic benefit of ongoing use of Duragesic. There is a lack of documentation utilizing the VAS pain scale. In addition, there is a lack of documentation relating to ongoing review of pain relief, functional status, appropriate medication use, and side effects. In addition, the request as submitted failed to provide a frequency and directions for use. Therefore, the request for Duragesic 50mcg #10 is not medically necessary.