

Case Number:	CM14-0018499		
Date Assigned:	04/18/2014	Date of Injury:	07/26/2012
Decision Date:	06/30/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/13/2014

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 Orthopedic Surgery 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 29-year-old claimant who was injured in a work-related accident on 7/26/12. The records indicate an injury to the low back. A 12/3/13 follow up report indicates ongoing complaints of low back pain stating that he has no radicular complaints. Physical examination showed restricted range of motion with tenderness at the L5-S1 level, 5/5 motor strength, and no sensory or reflexive changes to the lower extremities. The claimant was diagnosed with status post prior posterior lumbar fusion with instrumentation at L4 through S1 with continued post-operative complaints of pain. There was documentation of need for continued medication management in the form of Percocet. There is documentation dating back to 6/20/13 for a weaning period for narcotic management.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED PERCOCET ONE TO THREE PER DAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: California Medical Treatment Utilization Schedule (MTUS), 2009, CHRONIC PAIN OPIOIDS, 76-80

Decision rationale: Based on California MTUS Chronic Pain Guidelines, continued use of Percocet in this case at three per day would not be indicated. This individual began weaning from narcotic analgesics in June 2013 from the clinical records. At present, there is no indication of significant change in clinical course of care or documentation of benefit with use of short-acting narcotic analgesics. Given time frame from surgical process and lack of acute exacerbation of pain complaints or documentation of improvement from usage of medications, the continued role of this agent would not be supported.