

Case Number:	CM14-0111179		
Date Assigned:	08/01/2014	Date of Injury:	11/16/2011
Decision Date:	11/20/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/16/2014

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 Internal 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 injured worker is a 57-year-old female, who reported an injury on 11/16/2011. The mechanism of injury was not provided. The injured worker's diagnoses included left greater trochanter bursitis, cervical strain, L3-4 annular tear, and L4-S1 mild to moderate facet arthropathy. The injured worker's past treatments included a home exercise program, medications, and facet injections. The injured worker's diagnostic studies included an MRI scan of the lumbar spine that was noted to reveal L3-4 annular tear and L4-S1 mild to moderate facet arthropathy. X-rays taken on 04/09/2013 of the cervical spine were noted to reveal that the disc heights were well maintained and there were 2 mm of instability anteriorly with flexion at C4-5. The injured worker's surgical history included a left knee arthroscopy in 2009. On 06/17/2014, the injured worker complained of low back pain and rated it as a 7/10 on a pain scale. She also reported left hip pain that she rated as 7/10 on a pain scale. Upon physical examination, the injured worker was noted to have a decreased range of motion with flexion limited to 39 degrees, extension at 20 degrees, left lateral bend at 23 degrees, and right lateral bend at 25 degrees. The injured worker's most recent urine drug screen revealed that she is positive for hydrocodone and its known metabolites and negative for oxycodone, which she is being prescribed. The injured worker's current medications included Percocet 10/325 mg. The request was for Percocet 10/325 mg. The rationale for the request was not provided. The Request for Authorization form was signed and submitted on 06/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: on-going management, Page(s): pages 78-80..

Decision rationale: The request for Percocet 10/325mg #180 is not medically necessary. The California MTUS Guidelines may recommend ongoing opiate therapy for patients with ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include a quantified current pain, the least reported pain over the period since last assessment, intensity of pain after taking the opioid, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids, to be pain relief, side effects, physical and psychosocial functioning, and the occurrence of potentially aberrant drug related behaviors. The guidelines state to continue opioids if the patient has return to work and if the patient has improved functioning and pain. The documentation indicates that the patient has been using Percocet since at least 01/2014. The documentation had insufficient evidence of improvements with pain and functional status. The injured worker rated her low back pain and left hip pain as a 7/10 on a pain scale. In the absence of documentation with sufficient evidence of a decrease in pain and significant objective functional improvements, the request is not supported. Additionally, the documentation indicated that the injured worker's most recent urine drug screen revealed that she was negative for oxycodone and positive for hydrocodone. Appropriate medication use needs to be further evaluated. Furthermore, as the request is written, there is no frequency provided. As such, the request is not medically necessary.