

Case Number:	CM14-0114624		
Date Assigned:	08/04/2014	Date of Injury:	12/10/1993
Decision Date:	10/02/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/21/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 52-year-old male with a date of injury of 12/10/1993. The listed diagnoses per [REDACTED] are: 1) failed back surgery syndrome; 2) lumbar radiculopathy; 3) sprain/strain, lumbosacral; 4) hypogonadism, male; 5) status post intrathecal pump implant. According to progress report 05/20/2014, the patient presents with low back pain and left lower extremity pain. Patient reports he is doing better with IT pump. He is still having some breakthrough pain, but medication, especially Percocet, helps control it, enables him to function. Treater notes the patient has been taking Percocet for many years, and he is stabilized on it. Previous pain on a good day is 5/10. Current pain rating on a good day is 5/10. Previous pain rating, bad day, is 9/10. Current pain rating on a bad day is 9/10. Examination revealed severe tenderness over the lower lumbar and SI joint area. Straight leg raise is positive at 25 degrees on the left. Range of motion of the lumbar spine is painful, both flexion and extension. Treater is requesting a refill of Percocet 10/325 mg #30. Utilization review denied the request on 06/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: This patient presents with chronic low back pain. The treater is requesting a refill of Percocet 10/325 mg #30. Utilization review denied the request but does not provide a rationale for the denial. MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been taking this medication on a long-term basis and is currently stabilized on Percocet. Treater states patient does not present aberrant behaviors and there are no side effects with taking this medication. He further states patient is able to function and participate in activities of daily living and pain is decreased significantly. He says he is able to improve self-care, enhance sleep, improve mobility, decreased pain, and increase social activities and physical activities including housework. In this case, given the patient's decrease in pain and specific functional improvement with taking Percocet, recommendation is for approval.