

Case Number:	CM14-0124288		
Date Assigned:	08/08/2014	Date of Injury:	12/01/2000
Decision Date:	09/16/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/06/2014

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, 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 78-year-old male with a reported injury on 12/01/2000. The mechanism of injury was not provided. The injured worker diagnoses included lumbar degenerative disc disease and sciatica. The injured worker has had previous treatment of lumbar ESI, although, the efficacy was not provided. The injured worker had an examination on 07/21/2014 for chronic low back pain that was radiating to his left leg. Upon examination it was reported that the injured worker did have symptoms of chest pain, constipation, difficulty walking, feeling depressed, difficulty falling asleep, and difficulty remaining asleep. He was barely able to stand and was using a cane to walk while he was walking very slowly. His motor strength to his lower extremities was a 4/5. The medication list included Percocet and Duragesic transdermal patches. The recommended plan of treatment was to refill his medications. It was stated that there was a urine drug screen test performed on 07/21/2014, although the results of that were not provided for review. The Request for Authorization was signed and dated for 07/24/2014. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg # 90 between 7/21/2014 and 9/22/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-80,92.

Decision rationale: The California MTUS Guidelines recommend for the ongoing monitoring of opioids to have documentation of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or non-adherent drug related behaviors. The guidelines also do recommend consideration of a consultation with a multidisciplinary pain clinic if doses of the opioids are required beyond what is usually required for the condition that does not improve on opioids in 3 months. It was reported that the injured worker has been on opioids for several years but specifically Percocet since 02/11/2014. California Guidelines recommend discontinuing opioids when there is no overall improvement in function. There was a lack of documentation provided regarding the efficacy of this medication. The injured worker did complain of chest pain and constipation which could be side effects of this medication. There was a lack of documentation of physical and psychosocial functioning, deficits, and improvement. The recommended dose of Percocet is 10 to 30 mg every 4 to 6 hours as needed for pain. The request does not specify directions as to frequency and duration. Furthermore, there is a lack of evidence to support the number of 90 pills without further evaluation and assessment. The clinical information fails to meet the evidence-based guidelines for the request for the Percocet. Therefore, the request for the Percocet 10/325 mg #90 is not medically necessary.