

Case Number:	CM14-0126560		
Date Assigned:	08/13/2014	Date of Injury:	07/30/2011
Decision Date:	10/03/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/11/2014

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 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 53-year-old male who has submitted a claim for lumbago associated with an industrial injury date of 07/30/2011. Medical records from 2014 were reviewed. The patient complained of low back pain rated at 5-6 out of 10. Patient also complains of pain in the thoracic spine rated at 7-9 out of 10. Physical examination reveals decreased range of motion of the torso with thoracic tenderness on the right greater than the left. There is sensory deficit in T4-T7 dermatomes on the right side. The patient has an antalgic gait. Treatment to date has included oral medications, opioid analgesics and epidural steroid injections. Utilization review, dated 08/07/2014, denied the request for Percocet 10/325 MG because there is no documentation of CA MTUS opioid compliance guidelines submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 MG: 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.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been taking Percocet since at least February 2014. Although it was stated in the medical records that the patient's intake of Percocet makes him try and deal with the pain and makes him fully functional, specific measures of analgesia and functional improvements such as improvements in activities of daily living were not documented. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Percocet 10/325 is not medically necessary.