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| Case Number: | CM14-0128668 | | |
| Date Assigned: | 08/18/2014 | Date of Injury: | 11/11/2012 |
| Decision Date: | 09/23/2014 | UR Denial Date: | 08/07/2014 |
| Priority: | Standard | Application Received: | 08/13/2014 |

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 Occupational 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 patient is a 47-year-old male who has submitted a claim for lumbago and SI joint pain associated with an industrial injury date of 11/11/2012. Medical records from 02/26/2014 to 07/10/2014 were reviewed and showed that patient complained of right-sided low back pain (pain scale grade not specified) radiating down the right leg and front of pelvis. Physical examination revealed pain upon internal rotation of the right hip. MMT and sensation to light touch of lower extremities were intact. Treatment to date has included Percocet 06/27/2014 and Tramadol ER 150mg #60 (DOS: 05/20/2014), Utilization review dated 08/07/2014 denied the request for Percocet because there was no rationale for increase in opiates from Norco to Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Percocet (unknown dose/quantity) QTY: 1.00 (DOS 6/27/14):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids When to continue Opioids Percocet Page(s): 78, 80, 92, 97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78.

Decision rationale: According to page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been prescribed opiates (Tramadol ER) since 05/20/2014. There was no documentation of pain relief or functional improvement to support continuation of opiates treatment. The request failed to specify the dosage and quantity of Percocet to be dispensed. Therefore, the retrospective request for Percocet (unknown dose/quantity) QTY: 1.00 (DOS 6/27/14) is not medically necessary.