

Case Number:	CM14-0128791		
Date Assigned:	08/18/2014	Date of Injury:	01/29/2008
Decision Date:	09/11/2014	UR Denial Date:	07/09/2014
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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 50 year old female presenting with chronic pain following a work related injury on 01/29/2008. On 07/01/2014, the claimant was diagnosed with degeneration of lumbar intervertebral disc, low back pain, lumbar post laminectomy syndrome, lumbosacral radiculitis, and displacement of lumbar intervertebral disc without myelopathy, chronic radicular and myofascial pain, as well as chronic pain syndrome with sleep and mood disorders. The claimant rated the pain at 2/10. The physical exam showed there was myofascial tenderness in the lumbar paraspinous muscles and gluteal musculature. A claim was made for Percocet 10/325mg every 4 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10mg-325mg 1 tab Q4hrs prn #60 refills:0: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Percocet 10/325mg 1-tab Q4 hour's prn #60 refills 0 is not

medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid therefore, the requested medication is not medically necessary.