

Case Number:	CM14-0128984		
Date Assigned:	09/05/2014	Date of Injury:	11/14/2005
Decision Date:	10/03/2014	UR Denial Date:	08/08/2014
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 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 55-year-old female who reported an injury on 11/14/2005. The mechanism of injury was not provided. On 08/29/2014 the injured worker presented with low back pain. Upon examination of the lumbar spine, the injured worker had a slow and mildly antalgic gait. The right lower extremity had difficulty walking with toes and heels. There was decreased range of motion to the lumbar spine and sensory deficits in the L4-5 dermatomes on the left side. Diagnoses were lumbar degenerative disc disease, bulging of the lumbar disc, lumbar facet arthropathy, and postlaminectomy syndrome. Medications included Avinza and Percocet. The provider recommended Avinza ER and Percocet, the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Avinza ER 60mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Avinza (morphine sulfate), Opioids, criteria for use Page(s): 23,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Avinza ER 60mg #30 is not medically necessary. The California MTUS Guidelines the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be evident. There was lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation for risk of aberrant drug abuse behavior, and side effects. Additionally, there is lack of documentation of the efficacy of the prior use of the medication. The provider does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Percocet 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Opioids, Criteria for use Page(s): 78..

Decision rationale: The request for Percocet 10/325mg #90 is not medically necessary. The California MTUS Guidelines the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be evident. There was lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation for risk of aberrant drug abuse behavior, and side effects. Additionally, there is lack of documentation of the efficacy of the prior use of the medication. The provider does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.