

Case Number:	CM14-0129382		
Date Assigned:	08/15/2014	Date of Injury:	10/17/2011
Decision Date:	09/18/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	08/01/2014

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 Medicine and is licensed to practice in Texas. 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 53 year old male who sustained an injury on 10/17/11 when he slipped, twisting his low back feeling a pop and immediate pain. Prior treatment did include physical therapy. The injured worker did undergo nerve root blocks in September 2012 and again in November 2012. The injured worker had been recommended for surgery; however, this was not performed. The injured worker had been managed with multiple narcotic medications to date. The injured worker also had been followed by psychiatry for depression and anxiety symptoms secondary to chronic pain. As of 07/02/14, the injured worker had continued to utilize narcotic medications to include Percocet for pain control. The injured worker had previously been prescribed Avinza and Kadian; however, these were stopped. Physical examination noted mildly antalgic gait to the right. There was noted tenderness over the sciatic notches. Motor strength testing was intact. The requested Percocet 10/325 mg #90 was denied by utilization review on 07/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg 1 po q 8 hours prn btp #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, weaning of medications Page(s): 78-80, 92, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: The clinical documentation submitted for review did not clearly demonstrate the efficacy of ongoing medication use to include percocet. Per guidelines, short acting narcotics such as percocet can be considered an option in the treatment of moderate to severe musculoskeletal complaints; however, there should be ongoing assessments establishing the efficacy of these medications in terms of functional improvement and pain reduction. The clinical documentation submitted for review did not clearly identify ongoing functional benefits being obtained with the use of Percocet with functional improvement or pain reduction noted. Furthermore, there was no documentation regarding urine drug screen findings or other compliance measures for dependency, abuse and diversion. Therefore, this reviewer would not have recommended this request as medically necessary.