

Case Number:	CM14-0131947		
Date Assigned:	08/22/2014	Date of Injury:	09/29/2009
Decision Date:	11/07/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/18/2014

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 Emergency 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 reported date of injury on 9/29/2009. Mechanism of injury is described as from repetitive trauma. The patient has a diagnosis of Chronic pain syndrome, degeneration of lumbosacral disk, displacement of lumbar disk, lumbosacral radiculopathy, post laminectomy syndrome and osteopenia. There is a diagnosis of "psychalgia" as a diagnosis from primary treating physician. Medical reports reviewed. Last report available until 7/30/14. Patient complains of baseline chronic low back pains, R side worst than L side. Pain radiates to both lower extremities and is associated with spasms. Pt feels depressed. All activities of daily living are documented as dependent of others and poor exercise tolerance. There was no physical exam recorded during the visit on 7/30/14 or 7/10/14. Last exam documented is from 6/10/14 which documents anxiety and depression. Antalgic gait. tenderness to lumbar spine and spasms. Range of motion is normal except has limited flexion. Straight leg positive on L side. Normal strength. Diminished light touch sensation in S1-L5 on L side. MRI of lumbar spine(3/14/14) revealed moderate L5-S1 degenerative disk disease with posterolateral extrusion compressing S1 on L side. Medications include amlodipine, cyclobenzaprine, Cymbalta, Forteo, gabapentin, omeprazole, percocet and Restoril. Reportedly has attempted physical therapy, functional restoration program and prior laminectomy. Independent Medical Review is for Percocet 10/325mg #90. Prior UR on 8/13/14 recommended conditional certification for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-78.

Decision rationale: Percocet is acetaminophen and Oxycodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation reveals that patient's pain is not controlled by percocet and other opioids. Pt is still not able to function even with percocets. Documentation does not support continued use of opioids. The documentation also inappropriately recommends patient try different pharmacies if not able to fill medications and to go to the ER for pain medications showing disregard for MTUS guidelines recommendations for close monitoring, single provider treatment and management of patients on chronic opioids. The lack of benefit of chronic opioids and inappropriate management and monitoring on patient on chronic opioids does not meet MTUS chronic pain guidelines for recommendation for continued opioid therapy. Percocet is not medically necessary.