

Case Number:	CM14-0151946		
Date Assigned:	09/22/2014	Date of Injury:	08/16/2008
Decision Date:	10/27/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/17/2014

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 & Rehabilitation, has a subspecialty in Pain 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 injured worker is a 59-year-old male who reported an injury on 08/16/2008. The mechanism of injury was not provided. The injured worker's diagnoses included bilateral L5-S1 radiculopathy, L5-S1 disc protrusion, L4-5 disc protrusion, bilateral L4-5 foraminal stenosis, central disc protrusion at L5-S1. The injured worker's past treatment included medications. The injured worker's diagnostic testing included a positive EMG with nerve conduction study indicative of L5-S1 radiculopathy bilaterally. There were no relevant surgeries documented. On 09/16/2014, the injured worker complained of bilateral low back pain radiating into the bilateral posterior thighs and bilateral posterior calves. Upon physical examination, the injured worker was noted with restricted range of motion to the lumbar in all directions. The injured worker's medications included baclofen 10 mg, docusate, Percocet 10/325 mg, and Ambien 10 mg. The request was for Percocet 10/325 mg for pain. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: On-going management, Percocet, Page(s): 78,75.

Decision rationale: The request for Percocet 10/325mg #120 is not medically necessary. The California MTUS Guidelines may recommend Percocet for moderate to severe chronic pain for patients with documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. There should be a pain assessment that includes current pain, the least reported pain over the period since last assessment, intensity of pain after taking the opioid, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The injured worker complained of bilateral low back pain radiating into the bilateral posterior thighs and bilateral posterior calves. The pain was not quantified, and there were no significant objective functional improvements documented. The injured worker was documented to have been already prescribed this medication for an unknown duration, the efficacy of the medication was not provided. In the absence of documentation with evidence of pain relief, documented objective functional status, and appropriate medication use as evidenced by a urine drug screen and side effects, the request is not supported at this time. Additionally, as the request is written there is no frequency provided. Therefore, the request is not medically necessary.