

Case Number:	CM14-0166890		
Date Assigned:	10/14/2014	Date of Injury:	03/01/1991
Decision Date:	11/17/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/09/2014

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 and Florida. 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 is a 56 year old male who was injured on 3/1/1991. The diagnoses are low back pain; post lumbar laminectomy syndrome, myofascial pain syndrome and low extremities pain. There are associated diagnoses of insomnia and muscle spasm. [REDACTED] noted subjective complaint of 3/10 pain score with medications and 8/10 without medications. There were objective findings of muscle spasm, positive straight leg raising and decreased sensation in the lower extremities. The medications are MS Contin 100mg #90, Percocet for pain. The patient is also utilizing Flexeril for muscle spasm and Ambien for sleep. There are no reported side effects from the medications. The UDS was not authorized. A Utilization Review determination was rendered on 9/22/2014 recommending modified certification for Percocet 10/325mg #180 to #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for maintenance treatment of chronic musculoskeletal pain when non-opioid medication options, PT and surgical options have been exhausted. The chronic use of high dose opioids is associated with the development of opioid induced hyperalgesia state, tolerance, dependency, addiction, sedation and adverse interaction with other opioids and sedatives. The records indicate that the patient is utilizing high dose opioids, Ambien and Flexeril. There is significant psychosomatic dysfunction with limited physical activity. The criteria for the use of Percocet were not met. Therefore, the request for Percocet 10/325 #180 is not medically necessary and appropriate.