

Case Number:	CM14-0169198		
Date Assigned:	10/17/2014	Date of Injury:	06/13/2002
Decision Date:	11/19/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/14/2014

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 Anesthesia, has a subspecialty in Acupuncture and 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 41year old male with a date of injury on 6/13/02 with related low back pain. Per progress report dated 9/11/14, the injured worker suffered a flare up of his usual pain recently after returning from vacation with his wife. He rated his pain 4/10 in intensity. It was noted that sleep is interrupted two times a night. Physical exam findings were not documented. The injured worker was independent in activities of daily living, able to drive himself, and required no assistive devices for safety. He was working full time. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included medication management. The date of UR decision was 9/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78,93.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing

monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 s' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The review of the available medical records reveals documentation supporting the ongoing necessity of the requested medication. With medications, the injured worker's pain is brought down to 4/10 in intensity. UDS performed 5/1/14 was consistent with prescribed medications, and activity report from the [REDACTED] [REDACTED] showed single prescriber for controlled substances, and the patient's medication agreement was renewed. With medications, the injured worker has been able to continue working full time, thus indicating continued function. I respectfully disagree with the UR physician's denial based upon the lack of documentation of physical exam findings of back pain. The request is medically necessary.

Percocet 10/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Opioids, Page(s): 78, 92.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals documentation supporting the ongoing necessity of the requested medication. With medications, the injured worker's pain is brought down to 4/10 in intensity. UDS performed 5/1/14 was consistent with prescribed medications, and activity report from the [REDACTED] [REDACTED] showed single prescriber for controlled substances, and the patient's medication agreement was renewed. With medications, the injured worker has been able to continue working full time, thus indicating continued function. I respectfully disagree with the UR physician's denial based upon the lack of documentation of physical exam findings of back pain. The request is medically necessary.