

Case Number:	CM14-0169706		
Date Assigned:	10/17/2014	Date of Injury:	02/26/2000
Decision Date:	11/20/2014	UR Denial Date:	10/06/2014
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 Family Practice 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:

This is a 62-year-old male claimant with work Injury on February 26, 2000 involving low back chronic pain with left-sided radicular symptoms. He underwent an anterior posterior spinal fusion. Postoperative MRI shows epidural fibrosis with possible entrapment of the L4-L5 nerve roots on the left side. A progress note on September 20, 2014 indicated the claimant had continued back pain. He could not function without pain medication. His pain is 9/10 without medication and 4/10 with medication. Exam findings were notable for muscle rigidity of the left paraspinal region, 4/5 weakness in the left leg, sensory loss in the left foot and muscle spasms. He was continued on MSContin 100 mg BID, Percocet 10/325 mg TID and Baclofen 10 QID.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Percocet 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regarding: Percocet (oxycodone & acetaminophen) ; Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated as 1st line therapy for neuropathic pain, and chronic back

pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Percocet 30 mg daily along with MSContin 200 mg daily. The guidelines recommend to limit the daily Morphine equivalent to 120 mg daily. The continued use of Percocet is not medically necessary.

1 prescription of MS Contin 100mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regarding MS Contin: Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: The guidelines recommend to limit the daily Morphine equivalent to 120 mg daily. The claimant had been on Percocet 30 mg daily along with MS Contin 200 mg daily. In addition, he was given a 3 month supply in advance without knowledge of pain, compliance and physical condition in advance. The MS Contin as prescribed above is not medically necessary.

1 prescription of Baclofen 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants (for pain): regarding Baclofen (Lioresal, generic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 64.

Decision rationale: According to the MTUS guidelines, Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. In this case, the claimant did not have the above diagnoses. The Baclofen as prescribed is not medically necessary.