

Case Number:	CM14-0171744		
Date Assigned:	10/23/2014	Date of Injury:	09/28/2010
Decision Date:	12/03/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/17/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas & 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 51 year old male who was injured on 9/28/2010. The diagnoses are thoracic outlet syndrome, lumbar radiculopathy, thoracic compression fractures, low back pain and left carpal tunnel syndrome. The MRI of the lumbar spine showed multilevel spondylosis, disc bulges, facet arthropathy and spinal stenosis. The past surgery history is significant for thoracic outlet surgery on 2/19/2014. On 9/24/2014, [REDACTED] noted subjective complaint of low back pain radiating down the left leg. The pain score on a scale of 0 to 10 was noted to decrease from 8-9/10 to 3/10 with the use of the prescribed pain medications. The objective findings are positive straight leg raising test. There was tenderness on the multiple affected body parts. The patient was approved for epidural steroid injection but the procedure had not been scheduled. The medications are gabapentin, Celebrex and Percocet for pain. The patient was reported to increase ADL and physical activities with the use of the medications. The UDS done on July 2014 was reported to be consistent. A Utilization Review determination was rendered on 10/3/2014 recommending non certification for Percocet 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg #120: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 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 the treatment of severe chronic musculoskeletal pain when standard treatment with NSAIDs, PT and surgeries have failed to control the pain. The record indicate that the patient have exhausted all non- opioid treatment options including co-analgesics, PT and surgeries. There is documentation of functional restoration, improved ADL and reduction in pain scores with the use of the pain medications. The UDS and the database reports are consistent with compliance. There is no documentation of aberrant drug behavior or medication adverse effects. The criteria for the use of Percocet 10/325mg #120 were met. Therefore the request is medically necessary.