

Case Number:	CM14-0175616		
Date Assigned:	10/28/2014	Date of Injury:	08/15/2011
Decision Date:	12/10/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/23/2014

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 Occupational 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:

Patient is a 62 year-old male with date of injury 08/15/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/08/2014, lists subjective complaints as chronic pain in the lower back. Patient is status post lumbar surgery on 07/15/2014. Objective findings: Examination of the lumbar spine revealed tenderness of the paraspinal region at L3, the iliolumbar region, and the gluteus maximus bilaterally. Active range of motion was 30 degrees for flexion and 20 degrees for extension with pain. Decreased sensation on the sole of the foot and the posterior leg. Seated straight leg raising test was positive on the left. Diagnosis: 1. Spinal stenosis of lumbar region 2. Pain self-management deficit, chronic 3. Chronic pain syndrome 4. Degeneration of lumbar intervertebral disc 5. Lumbar post-laminectomy syndrome. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as six months. Medications: 1. MS Contin 15mg, #90 SIG: 1 tab three times daily 2. Percocet 10/325mg, #90 SIG: 1 tab three times daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little functional improvement over the course of at least 6 months. MS Contin 15mg #90 is not medically necessary.

Percocet 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. The patient is taking both MS Contin and Percocet 10/325. Percocet 10/325mg #90 is not medically necessary.