

Case Number:	CM14-0022180		
Date Assigned:	05/09/2014	Date of Injury:	01/05/2005
Decision Date:	07/10/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/21/2014

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 and Pain Medicine and is licensed to practice in 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 injured worker was a 48-year-old male who reported an injury on 01/05/2012. The mechanism of injury was a slip and fall down stairs, twisting his back while carrying 100 pounds of material. The clinical note dated 05/28/2014, reported the injured worker complained of back pain radiating down both legs and lower back. The injured worker reported his pain level had increased since his previous visit. The injured worker reported his quality of sleep was poor. The injured worker continued to complain of pain in his shoulder and upper extremities. The injured worker was prescribed Soma, Benadryl, Lidoderm patch, Protonix, Melatonin, Percocet, Cartia XT, and Clonazepam. The injured worker underwent an EMG of the bilateral lower extremities which revealed chronic left-sided lumbar radiculopathy predominantly along the L4-5 distribution along with bilaterally S1 radiculopathy based on abnormal H-wave reflexes bilaterally. Upon physical examination the provider noted the injured worker had restriction to the range of motion of the lumbar spine with flexion at 40 degrees limited by pain, extension was 5 degrees limited by pain, right lateral bending limited at 20 degrees limited by pain, left lateral bending limited to 20 degrees limited by pain. The provider also noted paravertebral muscle spasms, tenderness and tight muscle band is noted on the both sides. The provider noted the injured worker was unable to walk on heel, but can walk on toes. The provider noted a positive straight leg raise bilaterally at 15 degrees. The provider noted a negative Babinski test. The provider requested for Percocet 10/325mg 50 tablets for relief of pain. The Request for Authorization was submitted and dated 06/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325 (50 TABLETS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE, ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: The request for Percocet 10/325 fifty tablets is not medically necessary. The injured worker complained of back pain radiating from low back, down both legs and lower backache. The injured worker reported pain level had increased since the previous visit. The injured worker reported his quality of sleep was poor. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines note a pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain to relieve, and how long pain relief lasts. The guidelines recommend the use of urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There was a lack of documentation indicating the medication had been providing objective functional benefit and improvement. Additionally, the use of a urine drug screen was not provided in the documentation submitted. The request submitted failed to provide the frequency of the medication. Therefore, the request for Percocet 10/325 fifty tablets is not medically necessary.