

Case Number:	CM14-0022347		
Date Assigned:	02/26/2014	Date of Injury:	11/06/1991
Decision Date:	07/15/2014	UR Denial Date:	01/29/2014
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, has a subspecialty in Pain Management 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 54-year-old male with an 11/6/91 date of injury. On 12/30/13, the patient returned for a follow-up. He has continued low back pain that radiates down his left leg more than the right. He has periodic flare-ups and occasionally takes a little bit more Percocet. The objective findings demonstrate an antalgic gait with stiffness. The neuromuscular exam remains without change. Lumbar flexion is with moderate restrictions. The diagnostic impression includes: Chronic Low Back Pain, with referral down the left leg more than the right. The treatment to date includes: medication management, home exercise program, and activity modification. A utilization review (UR) decision dated 1/29/14, modified the request for Percocet from 270 tablets with two (2) refills to one (1) prescription of Percocet for 202 tablets to initiate tapering. There was no evidence of improvement in function or pain with continued long-term use. The patient reported continued low back pain. The examination findings stayed consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION OF PERCOCET 10/325MG #270, WITH TWO (2) REFILLS:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 78-81.

Decision rationale: The Chronic Pain Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, from the records provided, the patient's objective examination has stayed the same. The patient continues to have pain and difficulty with activities of daily living. He has a 1991 date of injury, and there is no discussion of end-points of treatment or other non-opiate means of pain control. The guidelines only support continued opioid management in the setting of documentation of functional improvement and continued analgesia. Therefore, the request for one (1) prescription of Percocet 10/325 mg #270, with two (2) refills is not medically necessary.