

Case Number:	CM14-0026044		
Date Assigned:	06/13/2014	Date of Injury:	03/27/2000
Decision Date:	08/05/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/28/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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:

The injured worker is a 63-year-old male who reported an injury on 03/27/2000. The documentation indicated that the injured worker had been utilizing opiates since 2012. Prior treatments included epidural steroid injections and medications as well as physical therapy. The documentation of 12/16/2013 revealed that the injured worker had low back pain with radiation into the bilateral lower extremities, right greater than left. It was indicated that the injured worker had continued radicular symptoms after his injection. The documentation indicated that the injured worker underwent a lumbar decompression and fusion at L4-5 and L5-S1 in 2000. The medications included OxyContin 80 mg and Percocet 10/325 mg as well as Sudafed and Wellbutrin. The diagnoses included postlaminectomy syndrome of the lumbar region and lumbar disc degeneration.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325MG, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain as well as evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalents per day. The duration of the use for opiates was since 2012. The injured worker was utilizing Percocet 10/325 mg 1 pill every 4 hours and OxyContin 80 mg 3 pills by mouth every 6 hours. The clinical documentation submitted for review failed to indicate that the injured worker had objective improvement in function and an objective decrease in pain. There was evidence that the injured worker was being monitored for aberrant drug behavior and side effects. The cumulative dosing if the injured worker was taking the medication as prescribed would be 1500 mg of oral morphine equivalents per day. This far exceeds the guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Percocet 10/325 mg #180 is not medically necessary.