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| Case Number: | CM14-0029170 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 07/02/2005 |
| Decision Date: | 07/17/2014 | UR Denial Date: | 03/06/2014 |
| Priority: | Standard | Application Received: | 03/07/2014 |

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 Physical Medicine and Rehabilitation, 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 78 year old male with reported injury on 07/02/2005. The mechanism of injury was not provided. The injured worker had an exam with his primary physician on 03/14/2014 where he complained of being distressed due to difficulty obtaining prescriptions. He has had increased pain and has had to return to using a wheeled walker to ambulate. There was not a pain assessment or pain evaluation provided. There was no documentation regarding functional deficits. The injured worker had diagnoses of intractable low back pain, multi-level degenerative disc disease with multi-level spondylosis, lumbar radiculopathy, spondylolisthesis and degenerative disc disease with multi-level disc bulging, and canal narrowing, severe spinal stenosis, bilateral S1 sensory dysfunction and gastrointestinal bleed. There was no documentation regarding any exercise program or physical therapy. The request for authorization was signed on 04/16/2014. The rationale was not provided.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-79.

Decision rationale: The request for Percocet 10/235mg is non-certified. The California MTUS Guidelines recommend that four domains are relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. There is a lack of documentation on pain assessment or evaluation, effectiveness, nor duration. There is no evidence that the injured worker had any physical therapy or a psychosocial evaluation. The guidelines also recommend the patient be given a thirty day supply and start slowly weaning off the opioid medication. There is no evidence that the medication has tried to be weaned. Furthermore the request does not specify directions as to how the medication is to be taken. Therefore, the request for Percocet is non-certified.