

Case Number:	CM14-0036894		
Date Assigned:	06/25/2014	Date of Injury:	04/22/2007
Decision Date:	08/12/2014	UR Denial Date:	03/15/2014
Priority:	Standard	Application Received:	03/26/2014

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 47-year-old male who reported an injury on 04/22/2007. The mechanism of injury was not provided. On 03/03/2014, the injured worker presented with throbbing pain to the left leg and stated that he cannot bend the knee secondary to a surgical fusion. The examination of the left lower extremity revealed the inability to flex his knee and the injured worker exhibited difficulty trying to ambulate on his toes and heels with the lower extremity. The diagnoses were history of left lower extremity pain, history of left knee arthroscopy with development of MRSA staph infection, status post skin graft, nonindustrial medical problems (including hypertension, obesity, and COPD), and a history of neuropathic burning component of pain. The provider recommended MS-Contin and Percocet. The provider stated that the injured worker is at the lowest narcotic use to maintain levels of function. The Request for Authorization form was dated 03/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of MS Contin 60mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine sulfate- Criteria for the use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for MS-Contin 60 mg with a quantity of 90 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The injured worker has had a prescription of opioids since at least 01/2013. There have been no specific functional gains reported and the subjective pain and objective findings have remained unchanged. The injured worker has trouble weight bearing with near maximal pain and is showing no improvement with the long-term use of opioids. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Prescription of Percocet 10/325mg, #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Percocet 10/325 mg quantity of 150 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The injured worker has had a prescription of opioids since at least 01/2013. There have been no specific functional gains reported and the subjective pain and objective findings have remained unchanged. The injured worker has trouble weight bearing with near maximal pain and is showing no improvement with the long-term use of opioids. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.