MAXIMUS Federal Services

Case Number:	CM14-0038689		
Date Assigned:	06/27/2014	Date of Injury:	11/15/2013
Decision Date:	08/15/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/02/2014

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 Medicine and is licensed to practice in Texas. 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 33 year old male injured on 11/15/13 when carrying dry wall at an awkward angle and strained his low back. Current diagnoses included lumbar strain, lumbar radiculopathy, thoracic or lumbosacral radiculitis, and degenerative disc disease. The injured worker reported mid to low back pain with reported spikes of sharp pain significantly worse given current level of medication use. The injured worker reported pain rising to 7-9/10 level resulting in inability to move. Utilization of medication allowed the injured worker to perform activities of daily living and function within the community. Objective findings included ability to toe and heel walk for a few seconds, lumbar range of motion significantly decreased, and deep tendon reflexes altered. Treatment recommendations included physical therapy and prescriptions for Tramadol 50mg, two tablets every six to eight hours, Tylenol 500mg one tablet every six to eight hours, and Ibuprofen 600mg one tablet every eight hours. The initial request for Percocet 7.5-325mg #60 was modified to one prescription of Percocet 7.5-325mg #45 and was non-certified on 03/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Percocet 7.5/325mg #60 - Modified to 1 Prescription of Percocet 7.5/325mg #45: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, page(s) 77 Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. Documentation indicates there is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. However, abrupt cessation of opioid medications can be detrimental to a injured worker's health, therefore, weaning is necessary. As such, the request is medically necessary at this time.