

Case Number:	CM14-0038982		
Date Assigned:	06/27/2014	Date of Injury:	10/25/2002
Decision Date:	08/15/2014	UR Denial Date:	03/07/2014
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 California and Nevada. 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 58 year old male who sustained injuries to his low back on 09/16/2009. On this date he is reported to have twisted his low back while installing a heavy header. Post injury MRI revealed mild degenerative changes. Treatment to date has included physical therapy, lumbar epidural steroid injections, and lumbar radiofrequency ablation. Records indicate that the injured worker has undergone an anterior posterior lumbar interbody fusion at L4-5 on 09/16/09. Postoperatively the injured worker has not had improvement in his subjective complaints. The injured worker later underwent a spinal cord stimulator trial which was of no benefit. The injured worker currently complains of low back pain radiating to the right lower extremity. He is noted to have had some benefit from the chronic use of oral medications. It is reported that the injured worker is more mobile and active with medications. On physical examination he is noted to be in mild distress. He has an antalgic gait favoring the right lower extremity. The record indicates that the injured worker has been maintained on oral medications which have included OxyContin 30 mg ER, Tizanidine 4 mg and Percocet 10/325 mg #240. The record contains a utilization review request dated 07/09/14 in which a request for Percocet 10/325 #240 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Percocet 10/325MG #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates
Page(s): 74-80.

Decision rationale: The records indicate that the injured worker has a chronic pain syndrome secondary to a failed back surgery syndrome. The records indicate that the injured worker's pain levels are 7-8/10 on a daily basis. He has some improvement with interventional procedures. The record does not contain any documentation which establishes that the injured worker has a signed pain management contract or undergoes routine urine drug screening to assess for compliance. As such, the request cannot be supported as medically necessary as the injured worker fails to meet criteria for chronic opiate use. Therefore, the request for 1 prescription of Percocet 10/325MG #240 is not medically necessary and appropriate.