

Case Number:	CM14-0039699		
Date Assigned:	06/27/2014	Date of Injury:	06/20/2012
Decision Date:	09/17/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/04/2014

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 Orthopedic Surgery 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 records presented for review indicate that this 48 year old male was reportedly injured on June 20, 2012. The mechanism of injury is undisclosed. The most recent progress note, dated January 16, 2014, indicates that there are ongoing complaints of flare ups of low back pain. Current medications were stated to include Percocet, Norco, soma, Anaprox, and Lidoderm patches. The physical examination demonstrated tenderness over the midline of the lumbar spine and decreased lumbar spine range of motion secondary to pain. Continued physical therapy and medications were recommended. Diagnostic imaging studies of the lumbar spine indicate a spondylolisthesis at L5 to S1 with a disc bulge. Previous treatment includes a lumbar fusion at L5 to S1. A request was made for Percocet and was not certified in the preauthorization process on March 7, 2014.

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 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93 OF 127.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines support short acting opiates for the short term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Percocet is not medically necessary.