

Case Number:	CM14-0042053		
Date Assigned:	06/20/2014	Date of Injury:	10/29/2004
Decision Date:	07/18/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/14/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 43 year old male who was injured on 10/29/04. He was diagnosed with lumbar radiculopathy. He had been treated with at least the following according to the notes provided for review: topical analgesics, muscle relaxants, and opioids. On 2/20/14 the worker was seen by his pain specialist for his regular follow-up after seeing the pain specialist for almost one year. He complained again of his usual low back pain and radiculopathy to his right leg. No report of his pain level or functional level was documented. His physical examination revealed a positive straight leg raise, decreased range of motion, diminished reflexes and diminished sensation all on the right leg. MRI was requested and medications were continued, which included Voltaren, omeprazole, Skelaxin, Lunesta, and Percocet. Minimal information from prior to 2/20/14 was able to be gathered from the documents provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325MG #30 (units/days requested: 2): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines require that for opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. The worker had been using opioids chronically according to the documents available for review. Unfortunately, based on the limited documents available for review on this worker, there isn't sufficient documentation of pain and functional improvement from his Percocet use. Without evidence of benefit, the Percocet is not medically necessary.