

Case Number:	CM14-0044234		
Date Assigned:	07/02/2014	Date of Injury:	05/01/2008
Decision Date:	08/20/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/11/2014

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 Texas and Ohio. 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 43-year-old male who reported an injury on 05/01/2008. The mechanism of injury was not specifically stated. Current diagnoses include status post left sacroiliac joint stabilization, open reduction and internal fixation of a left distal radius fracture, removal of hardware in 2008, depression with anxiety, and chronic pain. The injured worker was evaluated on 02/21/2014 with complaints of low back pain rated 5/10. Current medications include Fetzima 80 mg and Percocet 5/325 mg. Physical examination revealed limited range of motion of the left upper extremity, positive pelvic thrust bilaterally, positive fabere testing, positive Gaenslen's maneuver, positive Patrick's testing, positive pelvic rock maneuver, and positive stork testing. Treatment recommendations at that time included prescriptions for Fetzima 80 mg and Percocet 5/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325 mg three times daily #90 prescribed 2-21-14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the injured worker was issued a prescription for Percocet 5/325 mg on 02/21/2014. However, there is no documentation of a failure to respond to nonopioid analgesics. There is also no documentation of a written pain consent or agreement for chronic use. As such, the request is not medically necessary and appropriate.

Fetzima 80mg daily #30 prescribed 2-21-14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/fetzima.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state Serotonin-norepinephrine reuptake inhibitors (SNRIs) are recommended as an option in first-line treatment of neuropathic pain if tricyclics are ineffective, poorly tolerated, or contraindicated. The injured worker has utilized Fetzima 80 mg since 01/2014 without any evidence of objective functional improvement. There is also no evidence of a failure to respond to tricyclic antidepressants. As such, the request is not medically necessary and appropriate.