

Case Number:	CM14-0049190		
Date Assigned:	06/23/2014	Date of Injury:	03/15/2011
Decision Date:	12/10/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/20/2014

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 Management 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:

According to the records made available for review, this is a 60-year-old female with a 3/15/11 date of injury. At the time (2/26/14) of request for authorization for Percocet 10/325 mg, 2-3 times a day #90, there is documentation of subjective (low back pain) and objective (painful lumbar range of motion, tenderness over coccyx, and positive straight leg raise) findings, current diagnoses (lumbar radiculopathy, low back pain, and hip pain), and treatment to date (medications (including ongoing treatment with Percocet, Lidoderm patch, and Flexeril)). Medical report identifies the pain agreement is reviewed with the patient; and improvement in activities of daily living and function with medications. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of specific use of Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg, 2-3 times a day #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids & Title 8, California Code of Regulations, section 9792.20 Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, low back pain, and hip pain. In addition, there is documentation of ongoing treatment with Percocet. Furthermore, given documentation that pain agreement is reviewed with the patient, there is documentation that pain agreement is reviewed with the patient. However, despite documentation of improvement in activities of daily living and function with medications, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of specific use of Percocet. Therefore, based on guidelines and a review of the evidence, the request for Percocet 10/325 mg, 2-3 times a day #90 is not medically necessary.