MAXIMUS Federal Services

Case Number:	CM14-0051841		
Date Assigned:	07/07/2014	Date of Injury:	07/15/1994
Decision Date:	08/28/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/21/2014

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 Occupational Medicine 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 patient is a 56-year-old male, who has submitted a claim for lumbosacral neuritis, lumbago, OT back syndrome, myalgia and myositis, unspecified; associated with an industrial injury date of July 15, 1994.Medical records from 2007 through 2014 were reviewed, which showed that the patient complained of constant low back pain. Physical examination of the back showed, pain over the right sacroiliac joint and over the hardware at L1-2 level. MRI of the lumbar spine done on October 13, 2005 showed a mild broad-based disc protrusion at L5-S1.Treatment to date has included hydrocodone, Percocet, Excedrin, Advil, Naprosyn, Norco, Oxyfast and Hyalgan injections.Utilization review from April 3, 2014 denied the request for Percocet 10/325mg #180 and Oxyfast 20mg/ml #90 because there were no reported functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Critera for use of Opioids, Therapeutic Trial of Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

Decision rationale: As noted on pages 78-82 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Given the 1994 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Percocet 10/325mg #180 is not medically necessary.

Oxyfast 20mg/ml #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

Decision rationale: As noted on page 78-82 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Oxyfast is a brand name for oxycodone, an opiate analgesic. Given the 1994 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Likewise, the patient is already taking Percocet 10/325mg, 8 tablets per day on a regular basis. Therefore, the request for Oxyfast 20mg/ml #90 is not medically necessary.