

Case Number:	CM14-0062967		
Date Assigned:	07/11/2014	Date of Injury:	02/17/2004
Decision Date:	09/12/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/05/2014

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 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 injured worker is a 58-year-old female who reported injury on 02/17/2004, reportedly sustaining injury to her low back from work as a bartender. The injured worker's treatment history included surgery, medications, MRI, x-ray, chiropractic treatment, psychological sessions, and Intrathecal delivery system implantation. The injured worker was evaluated on 05/13/2014 and it was documented the injured worker had an Intrathecal delivery system, and was being seen for maintenance, including refill and reprogramming the pump for pain control so that the injured worker can have a quality of life. The injured worker was evaluated on 01/03/2014 and it was documented the injured worker complained of back pain across the lumbar spine. Symptoms were described as aching, constant and dull. Symptoms were increasing. Her pain level was a 7/10. In the documentation the provider noted the injured worker takes Percocet averaging 4 a day. There is no evidence of diversion or abuse. The symptoms were alleviated by medication, lying down and sitting. The symptoms were exacerbated by all physical activities. Physical examination of the lumbar spine revealed mild tenderness was present at the lower lumbar spine; range of motion of lumbar extension was slightly decreased 75% of normal. Faber test was negative. However, straight leg raise in the sitting positive was negative bilaterally. Diagnoses included back pain, lumbar degenerative disc disease, and lumbar disc disorder without myelopathy, degenerative joint disease spine, and spinal stenosis without any neurogenic claudication. The Request for Authorization or rationale were not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/acetaminophen (Percocet; generic available).

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

Decision rationale: The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. The provider failed to submit urine drug screen indicating opioids compliance for the injured worker. There was no outcome measurements of conservative measures indicated for the injured worker such as physical therapy or home exercise regimen for the injured worker. There was lack of documentation of long-term functional improvement for the injured worker. In addition, the request lacked frequency, and duration. Given the above, the request for Percocet 10/325 mg is not medically necessary.