

Case Number:	CM14-0066490		
Date Assigned:	07/11/2014	Date of Injury:	10/25/2002
Decision Date:	09/22/2014	UR Denial Date:	05/03/2014
Priority:	Standard	Application Received:	05/09/2014

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 Florida. 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 male who reported an injury on 10/25/2002. The mechanism of injury was not noted within the review. His diagnosis was noted to be status post laminectomy, L4-5 fusion, and right sacroiliac joint pain with piriformis syndrome. Prior treatments were noted to be occupational therapy and medications. A clinical evaluation on 07/23/2014 found the injured worker with a subjective complaint of low back pain and bilateral hip pain. The examination noted a lumbar scar with axial and myofascial tenderness. Lumbar range of motion was painful, burning range of motion especially with flexion. There is tenderness to palpation over the right sacroiliac joint, piriformis muscle and greater trochanter. The lower extremity motor testing was bilaterally equal and within normal limits. Strength was 5/5. Deep tendon reflexes were bilaterally equal, within normal limits. The sensory exam was normal. The treatment plan was for refills of medication. The rationale for the request was noted within the treatment plan of the clinical evaluation. A Request for Authorization form was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg #240: Upheld

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

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

Decision rationale: The request for Percocet 10/325 mg is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain if the patient is on opiates. These include pain relief, side effects, physical and psychosocial function and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes every time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The doc should include pain relief, functional status, appropriate medication use, and side effects. The clinical documentation submitted for review failed to provide an adequate pain assessment. Pain assessment should include: Current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, the provider's request fails to indicate a dosage frequency. As such, the request for Percocet 10/325 mg is not medically necessary.