

Case Number:	CM14-0073412		
Date Assigned:	07/16/2014	Date of Injury:	12/04/2002
Decision Date:	09/19/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/20/2014

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 Medicine and is licensed to practice in Texas. 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 63 year old male that had a work related injury on 12/04/02. The mechanism of injury is not documented. The most recent medical record submitted for review is dated 03/27/14. He continues to complain of constant low back pain. He had previously had excellent relief with right sacroiliac (SI) joint blocks, but the effects of the injection began to wear off after 2 weeks. Prior to the most recent right SI joint injection, he had excellent relief following the 1 done in February of 2013. Following the last injection his ability to work in his yard increased from 20 minutes to 90 minutes. His ability to walk improved from blocks to 1 mile and his sleep improved from 2 hours to 6 hours non-stop. He was also able to decrease his Norco from 3 a day to 1 a day in the past following the injection. He has also had excellent relief from the right sacroiliac joint neurolysis via radiofrequency done in the past. On physical examination, injured worker is a well-developed, well-nourished white male. He is alert and oriented x 3. No slurred speech. No drowsiness. The injured worker is tilted slightly to the right while standing and ambulates with a cane. Moderate stiffness to palpation bilateral lumbar paraspinous muscles and bilateral buttock muscles is noted. There is moderate to severe tenderness to palpation in the right sacroiliac joint. There is non-tenderness to palpation in the left sacroiliac joint. Severe pain elicited with Patrick's test on the right. No pain elicited on the left. There is Gillette's test on the left mild pelvic tilt. Right pain elicited with obvious pelvic tilt. Diagnoses include mechanical low back pain, bilateral sacroiliitis, chronic left L5 radiculopathy, severe foraminal stenosis bilateral L5-S1 level, myofascial pain syndrome, lumbar degenerative disc disease, and multi-level central and foraminal stenosis. Prior utilization review dated 04/18/14 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg 1 tablet QID (4 times daily) #120 x 2 refills: 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 Page(s): 74-80.

Decision rationale: Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation does not indicate significant decrease in pain scores with the use of medications. Therefore medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician. The request for Percocet 10/325mg 1 Tablet QID (4 times daily) #120 with 2 Refills is not medically necessary.

Norco 10/325mg 1 tablet every 4 hours #120 x 2 refills: 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 Page(s): 74-80.

Decision rationale: Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation does not indicate significant decrease in pain scores with the use of medications. Therefore medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician. The request for Norco 10/325mg 1 tablet every 4 hours #120 with 2 refills is not medically necessary.