

Case Number:	CM14-0078089		
Date Assigned:	07/18/2014	Date of Injury:	07/09/2012
Decision Date:	09/22/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	05/28/2014

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 Texas and Oklahoma. 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 30-year-old male who reported an injury on 07/09/2012 due to an unknown mechanism. Diagnoses were degenerative disc disease, lumbar, depression, hypertension, insomnia, irritable bowel syndrome, laminectomy at the L4-5, left, low back pain, lumbago, and lumbosacral radiculitis. Past treatments were acupuncture, massage, physical therapy, home exercise program, and epidural steroid injections. Diagnostic studies were MRI of the lumbar spine and EMG/nerve conduction study. Surgical history was lumbar surgery at the L4-5 microdiscectomy. Physical examination on 05/12/2014 revealed complaints of back pain. The pain was reported as shooting electrical pains in the leg. It was reported that the medications relieved the pain 50% to 60%. Examination of the spine revealed tenderness, pain, range of motion was diminished for flexion and extension. Straight leg raise test was negative, both sitting and supine on the right. Left was positive on examination. Normal deep tendon reflexes. Medications were Cymbalta 60 mg, albuterol HCF 90 mcg inhalation, gabapentin 300 mg, and tizanidine 4 mg, Bentyl 10 mg, Motrin 800 mg, Percocet 5/325 mg, amlodipine 5 mg, and omeprazole 20 mg. Treatment plan was to request an MRI of the lumbar spine and a referral to an orthopedic. The rationale was not submitted. The Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg QTY 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

Decision rationale: The request for Percocet 10/325 mg quantity 120 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend short acting opioids, such as Norco, for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The injured worker's pain was not measured on the VAS. Also, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.