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| Case Number: | CM14-0078494 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 11/15/2013 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 05/02/2014 |
| 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 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 33 year old male with chronic lower back pain following an industrial injury on 11/15/13. The treating physician's progress report dated 4/14/14 indicates that the injured worker does not feel that he can continue with his PT because his pain medication is inadequate. Clinical findings reveal slow ambulation and he appears to have diminished strength in the lower extremities with reduced toe and heel walk and there is reduced sensation to direct testing. The current diagnoses are: Lumbar strain, Lumbar radiculopathy and multilevel discopathy. The utilization review report dated 5/2/14 denied the request for prescription for Percocet 7.5/325mg #90 based on the rationale that the injured worker has been on Percocet for a prolonged period without signs of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Percocet 7.5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009); Percocet; Opioids, criteria for use ; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, page 80-81 Opioids long-term assessment, page 88-96 Criteria for use of opioids, page 78 Page(s): 80-81, 88-96, 78.

Decision rationale: The patient presents with chronic lower back pain. The current request is for Percocet 7.5/325mg #90. The treating physician states that the patient occasionally uses Percocet and that the medications do a small amount to manage his symptoms. The patient has been privately paying for this medication due to Lack of authorization. My rationale for why the requested treatment/service is or is not medically necessary: MTUS Guidelines, pages 88 and 89, states, under long-term uses of opioids, document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. Furthermore, under outcome measures, it states that pain assessments that allow for evaluation of the efficacy of opioid and whether their use should be maintained include the following current pain, last 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. Unfortunately, the treating physicians' records fail to document any numerical assessment of the patient's function and pain. Given that the treating physician has not satisfied the required documentations per MTUS Guidelines, is not medically necessary.