

Case Number:	CM14-0080114		
Date Assigned:	07/18/2014	Date of Injury:	05/09/2003
Decision Date:	10/20/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/30/2014

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 59 years old male injured on 05/09/03 due to an undisclosed mechanism of injury. Neither the specific injuries sustained nor the initial treatments rendered were discussed in the documentation provided. Diagnoses include facet syndrome and Bastrop's syndrome. The clinical note dated 03/04/14 indicated the injured worker presented complaining of severe pain to the back and lower extremities following an inability to obtain pain medications due to lack of primary care provider. Objective findings include the ability to flex the lumbar spine to 30 degrees, severe muscle spasm in the lumbar spine, and antalgic gait with cane. The documentation indicated the injured worker utilized Percocet 2-3 tablets per day for greater than 11 years. The clinical note dated 05/09/14 indicated the injured worker presented following MRI of the lumbar spine demonstrating status post L5-S1 posterior fusion with pedicle screws in place, significant inflammatory changes within the intervening L3-4 and L5 interspinous ligament, degenerative changes with synovitis within L3-4 and L5 facet with hypertrophic degenerative changes at L4 and L5 levels. The documentation indicated several months of over the counter anti-inflammatory/analgesics utilized with no significant improvement. It was also noted the injured worker utilized previous sessions of physical therapy and a home exercise program without significant improvement. Treatment plan included a rhizotomy secondary to previous success. The initial request was non-certified on 04/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325MG: 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 Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, Percocet 10/325MG cannot be recommended as medically necessary at this time.