

Case Number:	CM14-0081454		
Date Assigned:	07/18/2014	Date of Injury:	11/12/2004
Decision Date:	09/17/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/02/2014

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 Preventive Medicine 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:

According to the records made available for review, this is a 42-year-old male with an 11/12/04 date of injury. At the time (4/22/14) of request for authorization for Percocet 10/325mg, # 180, there is documentation of subjective (chronic low back pain) and objective (tenderness to palpation over the facet joints at L3-4 and over the lumbar paraspinal musculature bilaterally, decreased lumbar range of motion due to pain, positive Faber test bilaterally, and positive straight leg raise test bilaterally) findings, current diagnoses (lumbar post-laminectomy syndrome, painful lumbar instrumentation with myofascial pain syndrome, L3-4 facet syndrome, and bilateral sacroiliac dysfunction), and treatment to date (ongoing therapy with Percocet since at least 11/19/13 with increase in activities of daily living). There is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, # 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines-Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar post-laminectomy syndrome, painful lumbar instrumentation with myofascial pain syndrome, L3-4 facet syndrome, and bilateral sacroiliac dysfunction. In addition, given documentation of ongoing treatment with Percocet since at least 11/19/13 with increase in activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Percocet. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Percocet 10/325mg, # 180 is not medically necessary.