

Case Number:	CM14-0083398		
Date Assigned:	07/21/2014	Date of Injury:	10/28/2010
Decision Date:	09/18/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/04/2014

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 61-year-old male who reported an injury on 10/28/2010. The mechanism of injury was not documented within the clinical records submitted for this request. His diagnoses were noted to be post laminectomy syndrome, and status post lumbar decompression from L2-5. The injured worker was noted to have diagnostic studies of a CT scan of the lumbar spine and an MRI of the lumbar spine; both tests were conducted in 2010. The injured worker's medications were noted to be Percocet, Ambien, and Lexapro. His prior treatments were noted to be physical therapy and medications. The injured worker's subjective complaints were noted to be ongoing low back pain. He indicated intermittent radiating symptoms down the left lower extremity, depending on his activity. He continued to work full time and walks for exercise. The objective findings include no significant change. The treatment plan is for 1 month supply of medications. The injured worker was encouraged to continue working. The rationale for the request is noted within the treatment plan. A Request for Authorization form was not provided.

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 Page(s): 92,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The request for Percocet 10/325 mg quantity 180 is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. The documentation provided a clinical evaluation that lacks an adequate pain assessment. Pain assessment should include: current pain; the least 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. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. In addition to the guidelines, the provider's request fails to indicate a dosage frequency. As such, the request for Percocet 10/325 mg quantity 180 is non-certified.