

Case Number:	CM14-0087578		
Date Assigned:	07/23/2014	Date of Injury:	06/24/2010
Decision Date:	09/08/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/11/2014

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 & 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 41-year-old female who reported getting hit in the back by an unstable bench while she was attempting to sit on it, on 06/24/2010. On 04/01/2014, her complaints included lower back pain over the sacroiliac joints, worse on the right side than on the left. She had had a radiofrequency neurotomy which gave her pain relief lasting almost 9 months. A series of the epidural steroid injections did not help her pain. Her diagnoses included sacroilitis, lumbar disc disease, lumbago and facet syndrome. During the time she was getting relief from the radiofrequency neurotomy, the need for her opioid medications was reduced. It was noted that she participated in a preliminary urine drug screen but the results had not been included in the documentation submitted. There was no rationale or Request for Authorization form included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 7.5/325mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids: See Opioid Hyperalgesia.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for Percocet 7.5/325 mg, #45 is non-certified. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use and side effects. It should include current pain, intensity of pain before and after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by decreased pain, increased level of function or improved quality of life. Information from family members or other care givers should be considered in determining the patient's response to treatment. For chronic back pain, opioids appear to be efficacious but limited for short term pain relief. In most cases analgesic treatment should begin with acetaminophen, aspirin, NSAIDS, antidepressants and/or anticonvulsants. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring, evaluations, including psychosocial assessment side effects, failed trials of NSAIDS, aspirins, antidepressants or anticonvulsants, quantified efficacy, the results of the drug screen or collateral contacts. Additionally, there was no frequency of administration specified in the request. Since this worker is taking more than 1 opioid medication, without the frequency, Morphine equivalency dosage cannot be calculated. Therefore, this request for Percocet 7.5/325 mg, #45 is not medically necessary.

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids: See Opioid Hyperalgesia.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-95.

Decision rationale: The request for Norco 10/325 mg, #150 is non-certified. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use and side effects. It should include current pain, intensity of pain before and after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by decreased pain, increased level of function or improved quality of life. Information from family members or other care givers should be considered in determining the patient's response to treatment. For chronic back pain, opioids appear to be efficacious but limited for short term pain relief. In most cases analgesic treatment should begin with acetaminophen, aspirin, NSAIDS, antidepressants and/or anticonvulsants. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring, evaluations, including psychosocial assessment side effects, failed trials of NSAIDS, aspirins, antidepressants or anticonvulsants, quantified efficacy, the results of the drug screen or collateral contacts. Additionally, there was no frequency of administration specified in the request. Since this worker is taking more than 1 opioid medication, without the frequency, Morphine equivalency dosage cannot be calculated. Therefore, this request for Norco 10/325 mg, #150 is not medically necessary.

