

Case Number:	CM14-0098803		
Date Assigned:	07/28/2014	Date of Injury:	09/11/2000
Decision Date:	09/09/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/27/2014

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 Texas and Oklahoma. 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 55-year-old male who reported an injury on 09/11/2000 after being crushed by a forklift boom. The injured worker sustained multiple crush injuries to include both of his legs and hips with an additional injury to his cervical spine. The injured worker's treatment history included multiple surgical interventions, psychiatric support, and multiple medications. The injured worker was evaluated on 06/04/2014. The injured worker's medications included MS Contin 60 mg, Percocet 10/325 mg, Colace 100 mg, Neurontin 800 mg, and testosterone 100 mg. It was noted that the injured worker had 8/10 reduced to a 4/10 to 5/10 with medications that allowed for improved function and participation in a routine exercise program. Physical findings included ongoing tenderness of the lumbar paraspinal musculature with significant limp and surgical scar deformities on the left lower extremity. The injured worker's diagnoses included status post healed fracture of the tibial shaft, status post healed fracture of the femur, inguinal hernia repair, multilevel spondylosis with mild spinal stenosis of the lumbar spine, left knee internal derangement and right knee internal derangement. The injured worker's treatment plan included a refill of MS Contin and Percocet with an additional refill added to the prescription, and a Urine Drug Screen. A Request for Authorization was submitted on 06/04/2014 for a refill of these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: The requested MS Contin 60 mg #90 with 1 refill is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the use of opioids be supported by ongoing documentation of a quantitative assessment of pain relief, functional benefit, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation indicates that the injured worker has been on this medication since at least 05/2013. The clinical documentation does indicate that the injured worker has a reduction in pain from an 8/10 to a 4-5/10 that allows for improved function and participation in an independent exercise program. It is also noted that the injured worker is monitored for aberrant behavior with urine drug screens. However, the request includes 1 refill. This does not allow for timely re-assessment and evaluation, as recommended by the California Medical Treatment Utilization Schedule. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested MS Contin 60 mg #90 with 1 refill is not medically necessary or appropriate.

Percocet 10/325mg #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: The requested Percocet 10/325 mg #120 with 1 refill is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the use of opioids be supported by ongoing documentation of a quantitative assessment of pain relief, functional benefit, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation indicates that the injured worker has been on this medication since at least 05/2013. The clinical documentation does indicate that the injured worker has a reduction in pain from an 8/10 to a 4-5/10 that allows for improved function and participation in an independent exercise program. It is also noted that the injured worker is monitored for aberrant behavior with urine drug screens. However, the request includes 1 refill. This does not allow for timely re-assessment and evaluation, as recommended by the California Medical Treatment Utilization Schedule. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Percocet 10/325 mg #120 with 1 refill is not medically necessary or appropriate.

