

Case Number:	CM14-0172324		
Date Assigned:	10/23/2014	Date of Injury:	11/22/1999
Decision Date:	03/13/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48-year-old male who reported an injury on 11/22/1999. The mechanism of injury was the injured worker was packing tamales into a box, when he felt his back pop. The diagnoses included sprain lumbar region, herniated disc L5-S1 on left, status post partial discectomy, status post recurrent herniated disc with discectomy and fusion L4-5 and L5-S1, and failed back syndrome status post exploration. Prior therapies included physical therapy, medications, and rest. The injured worker was noted to be utilizing opiates as of 2013. The injured worker had urine drug screens that were consistent. There was no Request for Authorization submitted for review. The documentation of 07/03/2014 revealed the injured worker had a urine drug screen that was consistent with medications. The injured worker was continuing to experience chronic low back pain and bilateral lower extremity pain. The pain was 7/10 to 8/10 with medications. Without medications, the injured worker's pain was noted to be 10/10. With the medications, the injured worker was noted to be able to tolerate daily activities including helping his wife wash dishes, sweep, clean the house, and go grocery shopping. The injured worker indicated his constipation was managed with Colace, and heartburn related to medications was improved with Prilosec. The objective findings revealed the injured worker had moderate lumbar paraspinous muscle tenderness and limited range of motion of the lumbar spine. The treatment plan included a refill of Kadian 60 mg 1 tablet by mouth twice a day for sustained relief and Percocet 5/325 one every 6 to 8 hours as needed for breakthrough pain. There is no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78, 80, 81, 82, 86-87, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing, Page(s): 60, 78, 86.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker was utilizing both Kadian and Percocet 5/325. With the use of both medications as prescribed, the daily morphine equivalent dosing would be 160 mg which exceeds the recommendation not to exceed 120 mg. The injured worker was being monitored for aberrant drug behavior and side effects and had an objective decrease in pain and an objective increase in function. There was a lack of documentation of exceptional factors. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Percocet 5/325 mg #120 is not medically necessary.