

Case Number:	CM14-0199704		
Date Assigned:	12/10/2014	Date of Injury:	01/02/2014
Decision Date:	01/23/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/01/2014

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, has a subspecialty in Pain 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:

The injured worker is a 54 year-old male with an original date of injury on 1/2/2014. The mechanism of injury is not provided in the submitted record. The industrially related diagnoses are lumbar discogenic pain syndrome, lumbar radiculitis, myofascial pain, and lumbar facetogenic pain. A lumbar MRI on 2/18/2014 showed L3-4 4.4mm broad based disc bulge, facet hypertrophy causing bilateral neural foraminal narrowing. The patient has been taking Percocet, Gabapentin, Naproxen, Flexeril, and Nucynta for pain with functional improvement including being able to walk further and stand longer with medications than without medications. The patient had urine toxicology screen on 4/14/2014 and 7/14/2014 showing compliance with medications. He also has a signed pain contract on 3/28/2014 and completed an opioid risk tool, which has a score of 0 and indicating low risk. A CURES report on 8/11/2014 is consistent with history and medication use. The disputed issue is the request for Percocet 10/325mg quantity of 150 tablets. The stated rationale for denial was opioid medication are not intended for long-term use. The patient has been on Percocet long term, however, the documentation provided does not indicate functional benefit, analgesia effect, or a lack of adverse side effects. Therefore, the request is not reasonable to continue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #150: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 76-80, 92, and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

Decision rationale: A progress note dated on 5/14/2014 indicated the patient has functional improvement including being able to walk further and stand longer with medications than without medications. Pain is reduced from 8/10 to 6/10 with Percocet. The patient had urine toxicology screen on 4/14/2014 and 7/14/2014 showing compliance with oxycodone. He also has a signed pain contract on 3/28/2014 and completed an opioid risk tool, which has a score of 0 and indicating low risk. A CURES report on 8/11/2014 is consistent with history and medication use. There is sufficient data for medication compliance and functional benefit. Therefore, this medication is medically necessary and should be continued.