

Case Number:	CM14-0200199		
Date Assigned:	12/10/2014	Date of Injury:	03/01/2001
Decision Date:	02/19/2015	UR Denial Date:	11/28/2014
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. 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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 underlying date of injury in this case is 03/01/2001. The date of the utilization review under appeal is 11/28/2014. On 10/23/2014, the patient was seen in primary treating physician followup with the diagnosis of a lumbar postlaminectomy syndrome. The patient presented with low back pain with radicular bilateral leg symptoms including numbness, tingling, weakness, and also bilateral shoulder pain. The patient rated her pain as between 8 to 10/10 and worse with cold or activity or lying down or sitting, walking, or medication. The patient previously had tried epidurals, physical therapy, and TENS. Medications included Percocet 3/325 mg and Soma. The treating physician encouraged the patient to continue a home exercise program and noted the patient had ongoing pain after 3 back surgeries. The treating physician recommended that the patient consider hardware removal surgery given ongoing pain. Urine drug testing was performed, and the patient's medications were continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg every 4 hours as needed. QTY: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Pain Treatment Agreement Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management. Page(s): 78.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on opioids/ongoing management, page 78, discusses the 4 A's of opioid management, emphasizing functional goals for continued opioid manual muscle testing. The same guidelines on page 80 discuss opioids for chronic pain, including chronic back pain, and do not encourage opioids for this indication. Overall the medical records do not clearly document a diagnosis for which chronic opioids are indicated, and the records do not document the 4 A's of opioid management to support indication goals and benefit from ongoing opioid treatment. This request is not medically necessary.