MAXIMUS Federal Services

Case Number:	CM14-0204404		
Date Assigned:	12/16/2014	Date of Injury:	07/26/1996
Decision Date:	01/31/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/08/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 51-year-old male, with a reported date of injury of 07/26/1996. The results of the injury were low back pain, and left foot pain.The current diagnosis includes chronic left foot and leg pain, chronic regional syndrome; and chronic low back pain.The past diagnosis includes intervertebral disc disorder with myelopathy.Treatments have included Duragesic patch, which did not provide much relief; MS Contin 30mg; Percocet 10/325mg; Trazodone 100mg; Lidoderm 5% patches; Valium 10mg; and an MRI of the lumbar spine on 02/04/2014, which showed mild degenerative changes at L3-4 and L4-5.The progress report dated 11/18/2014 indicates that the injured worker continued to do well on the current medication regimen. There were no significant changes in the objective findings. The injured worker rated his pain a 10 out of 10 before medications and a 7 out of 10 after medications. With medications, the injured worker was able to walk for exercise and carry out his activities of daily living. The treating physician noted that there was a signed pain agreement, and the urine drug screens had been consistent. The treating physician provided the injured worker with a 1-month supply of medications, including Percocet.A laboratory report dated 09/18/2014 was included in the medical records provided for review.On 12/05/2014, Utilization Review (UR) denied the request for Percocet 10/325mg #120 between 11/18/2014 and 11/18/2014. The UR physician noted that there was a lack of documented evidence of objective and measurable outcomes as a direct result of the Percocet use. The Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120 dispensed on 11/18/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 51 year old male has complained of lower back and left foot pain since date of injury 7/26/96. He has been treated with physical therapy and medications to include opioids since at least 05/2014. The current request is for Percocet. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Percocet is not indicated as medically necessary.