

Case Number:	CM14-0218564		
Date Assigned:	01/08/2015	Date of Injury:	04/27/1998
Decision Date:	03/13/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/30/2014

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 68-year-old female who reported an injury on 04/27/1998. The mechanism of injury involved a fall. The latest physician progress report submitted for review is documented on 01/08/2015. The current diagnoses include lumbar facet arthropathy, failed back surgery syndrome, type 2 diabetes, cervical spinal stenosis, brachial neuritis or radiculitis, degeneration of cervical intervertebral disc, and lumbar postlaminectomy syndrome. The injured worker presented with complaints of aching, sharp and shooting pain in the lower back, radiating into the posterior leg. Pain increased with activities. The increase in MS Contin did not provide a more baseline relief; however, the Percocet was required once an activity was started due to breakthrough pain. The current medication regimen relieved 50 to 60% of pain. Upon examination, there was an antalgic gait. Recommendations at that time included a caudal epidural injection and continuation of the current medication regimen. A Request for Authorization form was then submitted on 01/09/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSContin 30mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 9, 74 and pages 78-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized the above medication for an unknown duration. There was no documentation of objective functional improvement. There was no comprehensive physical examination provided on the requesting date. Given the above, the medical necessity has not been established in this case. There is also no frequency listed in the request. Therefore, the request is not medically appropriate at this time.

Percocet 325mg # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 9, 74 and pages 78-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized the above medication for an unknown duration. There was no documentation of objective functional improvement. There was no comprehensive physical examination provided on the requesting date. Given the above, the medical necessity has not been established in this case. There is also no frequency listed in the request. Therefore, the request is not medically appropriate at this time.