

Case Number:	CM14-0084013		
Date Assigned:	07/28/2014	Date of Injury:	03/14/2005
Decision Date:	01/28/2015	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/05/2014

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 Anesthesiology, 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:

41y/o male injured worker with date of injury 3/14/05 with related low back pain. Per progress report dated 9/9/14, the injured worker complained of bilateral low back pain radiating into the left posterior thigh, left posterior calf, and left lateral foot with pain and numbness in all toes. Per physical exam, lumbar ranges of motion were restricted by pain in all directions with positive lumbar spine muscle spasms, lumbar discogenic and sacroiliac joint provocative maneuvers were positive. Nerve root tension signs were negative bilaterally. Treatment to date has included surgery, physical therapy, chiropractic manipulation, and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #75, take 1 tab tid: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Page(s): 78, 92.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and

psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 s' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The documentation submitted for review indicates that Percocet provides a 40% decrease of the injured worker's pain and 40% improvement of the injured worker's activities of daily living such as self-care and dressing. He is on an up to date pain contract and previous UDS was consistent. It was noted that UDS were performed 4/8/14, and on a regular basis prior. The medication has no adverse effects, and the injured worker shows no aberrant behavior. I respectfully disagree with the UR physician's denial based upon opioid dosing in excess of 120mg morphine equivalent dose, the guidelines state that the recommendation may be exceeded after pain management consultation. In this circumstance the primary physician is a pain management specialist. The request is medically necessary.