

Case Number:	CM15-0003478		
Date Assigned:	01/14/2015	Date of Injury:	04/23/1998
Decision Date:	03/20/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/07/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63-year-old male who reported an injury on 04/23/1998. The diagnosis included lumbar/lumbosacral disc degeneration. The mechanism of injury was a fall off a truck. Therapies included physical therapy and chiropractic care. Prior surgical history included a hemiarthroplasty in 2000. Prior diagnostic studies included x-rays and MRIs. The injured worker was noted to undergo 2 cervical spine surgeries. The injured worker was noted to utilize opiates as of at least 2013. The documentation of 12/17/2014 revealed the injured worker had chronic low back pain and leg pain, and had lumbar disc degeneration and lumbar facet osteoarthritis. The injured worker was ambulating with a cane and continued having aching and cramping across his low back with numbness to his bilateral feet. The injured worker was noted to have restless leg syndrome at night. The injured worker indicated his pain level was 8/10 without medication and was 4/10 with medication. The injured worker indicated he had slight benefit with Endocet and requested an increase from twice a day to 3 times a day. The injured worker's current medications included Percocet, Celebrex, gabapentin, and omeprazole. The physical examination revealed the injured worker had crepitus in the bilateral knees. There was tenderness to palpation across the right lumbar spine. The deep tendon reflexes were equal and weak at the patella at 1 and it was noted to be very hard to elicit a very weak ankle reflex. There was hypoesthesia in the bilateral feet. The request was made for Percocet 10/325 mg 1 by mouth every 6 to 8 hours as needed #70. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Endocet 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management Page(s): 60; 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had objective pain relief. However, there was a lack of documentation of objective functional improvement and documentation the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription of Endocet 10/325 mg #90 is not medically necessary.