

Case Number:	CM15-0005507		
Date Assigned:	01/16/2015	Date of Injury:	01/31/2006
Decision Date:	03/20/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/12/2015

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

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 57-year-old male who reported an injury on 01/01/2000. The mechanism of injury was not provided. His diagnoses include chronic pain syndrome, lumbar/lumbosacral disc degeneration, generalized anxiety disorder, depressive disorder, right testicular pain, drug dependence, and obesity. Past treatments were noted to include medications, physical therapy, heat, ice, epidural steroid injections, TENS unit, lumbar surgery, knee surgery, and medications. On 09/09/2014, it was noted the injured worker had increased leg pain experienced "moderately" with opioid use. He reported that his pain medication allowed him to function throughout the day and Ambien allowed him to sleep. He reported lumbar spine pain as 8/10, right leg pain as 9/10, and right testicle pain as 5/10. Upon physical examination, it was noted the injured worker had decreased range of motion to his lumbar spine as well as tenderness to palpation over the bilateral lumbar facets, bilateral paravertebral lumbar spasm, bilateral thoracolumbar spasm, bilateral sacroiliac joint, and bilateral buttock. Medications included Percocet, MS Contin, Ambien, Viagra, and Wellbutrin. A request was received for MED Rx 9/9/14 Percocet 10/325mg #60, MED Rx 9/9/14 Ambien 12.5mg #30 x 5 refill, MED Rx 9/9/14 Viagra 100mg # 10 x 3 refill without a rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED Rx 9/9/14 Percocet 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids dosing

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

Decision rationale: According to the California MTUS Guidelines, ongoing use of opioids must be monitored with the direction of the 4 A's. The 4 A's for ongoing monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The clinical documentation submitted for review indicated the injured worker had decrease in pain and functional improvement with the use of his medications; however, there were no quantitative objective findings supporting this. Additionally, there was an absence of a urine drug screen to determine medication compliance. Consequently, the request is not supported. Moreover, the request does not specify duration and frequency of use. As such, the request for MED Rx 9/9/14 Percocet 10/325mg #60 is not medically necessary.