

Case Number:	CM15-0138709		
Date Assigned:	07/28/2015	Date of Injury:	01/25/1993
Decision Date:	08/26/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/17/2015

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: Preventive Medicine, Occupational Medicine

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 56-year-old female, who sustained an industrial injury on 1/25/1993. She reported a snapping sensation in her back and developed right side sciatica. Diagnoses have included low back pain, lumbar radiculopathy, lumbar degenerative disc disease, lumbar failed back surgery syndrome, bilateral temporomandibular joint disorder and fibromyalgia. Treatment to date has included surgery, magnetic resonance imaging (MRI), lumbar epidural steroid injection and medication. According to the progress report dated 6/22/2015, the injured worker complained of chronic low back pain, right foot pain and right hand pain. She reported 50 percent improvement of her pain level and functionality when she had the proper medications. She rated her pain as five out of ten with medications and ten out of ten without medications. Physical exam revealed mild tenderness over the bilateral temporomandibular joints. The injured worker ambulated with a limp. There was tenderness to palpation over the lumbar paraspinal muscles at L4-L5 and L5-S1. Authorization was requested for Percocet and MS Contin.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Percocet 10/325mg #180 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Percocet, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 12 months. 1 Prescription of Percocet 10/325mg #180 with 2 refills is not medically necessary.

1 prescription of MS Contin 30mg #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to the MTUS concerning medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of the narcotics that the patient has been taking. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off narcotic. 1 prescription of MS Contin 30mg #90 with 2 refills is not medically necessary.