MAXIMUS Federal Services

Case Number:	CM15-0207128		
Date Assigned:	10/23/2015	Date of Injury:	03/18/1983
Decision Date:	12/04/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/21/2015

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: Florida
Certification(s)/Specialty: Family Practice

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 an 86 year old male who sustained an industrial injury March 18, 1983.Past history included lumbar laminectomy, intrathecal drug delivery system, chronic pancreatitis, and cholecystectomy April, 2015. According to a treating physician's progress report dated September 17, 2015, the injured worker presented for a pump refill with complaints of back pain, rated 5 out of 10 with medication. Current treatments include medication and the intrathecal drug delivery system. The pump has a reservoir of 6.7ml. Pump medications included Morphine Sulfate, Bupivacaine Hydrochloride, and Ketamine Hydrochloride. Objective findings included; leaning forward gait slow and cautious using a cane; back and knee pain. The injured worker commented the pump doesn't seem to help and a bolus makes him more confused. Diagnoses are knee osteoarthrosis; lumbar radiculopathy; arachnoiditis; opioid type dependence; lumbar post-laminectomy. Treatment plan included refill of pump with ultrasound guidance and at issue, a request for authorization for Percocet (since at least June 2015). According to utilization review dated October 6, 2015, the requests for pump refill kit and ultrasound guidance are certified. The request for Percocet 10-325mg #60 with 3 refills was modified to Percocet 10- 325mg #54 with no refills to support a 10% weaning over a 4-week period.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #60 + 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of continued functional improvement. Likewise, this requested chronic narcotic pain medication is not considered medically necessary.