

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0121512 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 07/03/1999 |
| Decision Date: | 09/29/2014 | UR Denial Date: | 07/03/2014 |
| Priority: | Standard | Application Received: | 07/31/2014 |

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 Management 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:

The injured worker is a 60 year old female who reported an injury on 6/3/1999 to her low back. The mechanism of injury is undisclosed. The utilization review dated 06/26/14 resulted in a partial approval as the requested use of Percocet was discontinued with a recommended weaning process and a reexamination in 45 days. The clinical note dated 06/07/14 indicates the injured worker was complaining of lumbar region pain. The injured worker rated the pain as 6/10. The injured worker stated that nearly all activities exacerbate the pain. Upon exam the injured worker was identified as having a positive straight leg raise which elicits lumbosacral region pain. Tenderness was identified at the paravertebral musculature from L2 to L5. The injured worker did report some improvement with her sleep hygiene. The note indicates the injured worker was prescribed Percocet at that time. The clinical note dated 01/11/14 indicates the injured worker rating low back pain as 8 to 9/10. Tenderness was identified at the L3, L4 and L5 as well as sacral levels. The clinical note dated 02/15/14 indicates the injured worker continuing with subjective complaints of low back pain. The injured worker rated the pain as 8 to 9/10. The note indicates the injured worker continuing the use of Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, One PO every 8 hours prn, Quantity 45, 0 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 Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicates the patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There are no documented visual analog scale (VAS) pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence, functional benefits, or diversion were available for review. Moreover, there were no recent urine drug screen reports made available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics. The request is not medically necessary and appropriate.