

Case Number:	CM14-0127200		
Date Assigned:	08/13/2014	Date of Injury:	02/22/2008
Decision Date:	11/05/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/11/2014

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 Internal Medicine, has a subspecialty in Nephrology 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:

This is a 35 year-old male with a 1/14/05 date of injury. Mechanism of injury was heavy lifting. The patient was most recently seen on 7/15/14 with complaints of bilateral low back pain, mid back pain, and neck pain that was exacerbated by movement. Exam findings revealed tenderness over the thoracic and lumbar paraspinal muscles and facet joints. Cervical. Thoracic and lumbar ranges of motion were restricted, and cervical and thoracic discogenic provocative maneuvers were positive. Left sacroiliac joint provocative maneuvers, Patrick's, Gaenslen's, and tenderness at sacral sulcus, were positive. The neurological examination was negative, showing symmetrical reflexes and no sensory or motor deficits. The medications included Percocet, MS Contin, Neurontin, Fluoxetine, Famotidine, Lipitor, Lidoderm patch, ibuprofen, and Requip. Treatment to date: opioid medications, permanent spinal cord stimulator. An adverse determination was received on 4/23/14 due to long-term opiate use being unsupported by guideline criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg times 100: 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 Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. This patient presents with chronic pain following an industrial injury 9 years ago. While he has been maintained on long-term opioid medications, the treating physician has documented in his 7/15/14 notes that there has been quantifiable improvement in function in response to opioid therapy. However, since the patient has demonstrated clinical improvement, CA MTUS guidelines recommend weaning of opiates, and replacement with less toxic alternatives. This was not documented in the chart notes. Therefore, the request for Percocet 10/325 mg times 100 is not medically necessary.