

Case Number:	CM14-0128606		
Date Assigned:	08/20/2014	Date of Injury:	02/03/1984
Decision Date:	09/29/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/13/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 65-year-old male was reportedly injured on February 3, 1984. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated May 20, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated tenderness along the cervical and lumbar spine paraspinal muscles. There was decreased range of motion of the cervical spine and the right shoulder. There was a positive right-sided straight leg raise test at 45. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a fusion at L3 - L4, L4 - L5, and L5 - S1, epidural steroid injections, a spinal cord stimulator, and a Morphine pain pump. A request had been made for Percocet and was not certified in the pre-authorization process on July 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #180 and second prescription: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management of Opioid medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: The MTUS Chronic Pain Guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A review of the attached medical record indicates that the injured employee was previously prescribed Norco and was switched to Percocet. Current medications now include the use of a Morphine pump, Prozac, Valium, and Percocet. Pain was stated to decrease to a 3-4/10 after taking medications. However, there is no documentation of increased ability to function, or perform activities of daily living with the usage of Percocet. As such, this request for Percocet 10/325 is not medically necessary.