

Case Number:	CM14-0129469		
Date Assigned:	08/18/2014	Date of Injury:	04/09/2001
Decision Date:	09/29/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/14/2014

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, Pain Medicine, and is licensed to practice in Florida. 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 44 year old male who reported an injury on 02/01/1996; the mechanism of injury was not provided. Diagnoses included sprain/strain of the lumbar spine. Past treatments included a home exercise program, chiropractic manipulation and medication. Diagnostic studies included a urine drug screen on 03/12/2014 which detected Norco but not Percocet. Surgical history included a lumbar fusion at L5-S1 on 06/08/2009. The clinical noted dated 03/12/2014 indicated the injured worker complained of left leg pain rated 6/10 and muscle cramps. The injured worker had bilateral hip pain rated 3/10. Physical exam revealed a positive straight leg raise on the left and tenderness to palpation in the left lower lumbar spine and buttock. Medications included Norco 10/325 mg and Percocet 10/325 mg. The treatment plan included recommendations for Norco 10/325 mg #100 with 3 refills and Percocet 10/325 mg #100; the rationale for treatment was not provided. The request for authorization form was signed on 03/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #100 times 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 74, 78-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78.

Decision rationale: The request for Norco 10/325 mg #100 with three refills is not medically necessary. The California MTUS Guidelines indicate that the criteria for the ongoing management of opioid use includes ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids and include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The injured worker had been prescribed the requested medication since at least 03/12/2014. There is a lack of documentation of quantified pain relief and improved function while taking the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The request for refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for Norco 10/325 mg #100 with three refills is not medically necessary.

Percocet 10/325mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 9, 74, 78-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78.

Decision rationale: The request for Percocet 10/325 mg #100 is not medically necessary. The California MTUS Guidelines indicate that the criteria for the ongoing management of opioid use includes ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids and include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The injured worker had been prescribed the requested medication since at least 03/12/2014. There is a lack of documentation of quantified pain relief and improved function while taking the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The request for refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for Percocet 10/325 mg #100 is not medically necessary.