

Case Number:	CM14-0130563		
Date Assigned:	08/20/2014	Date of Injury:	10/25/1999
Decision Date:	10/16/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/15/2014

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 47-year-old female was reportedly injured on October 25, 1999. The most recent progress note, dated July 10, 2014, indicated that there were ongoing complaints of back pain, leg pain and leg stiffness. The physical examination revealed the patient with an antalgic gait with use of a cane. There were tenderness along the lumbar spine and decreased lumbar spine motion. A neurological examination revealed a positive straight leg raise test bilaterally at 40 and decreased sensation at the L5 and S1 dermatome distributions. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included lumbar spine surgery, the use of a spinal cord stimulator and oral pain medications. A request had been made for Percocet 10/325 and followup in four weeks' time and was not certified in the pre-authorization process on August 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 follow-up evaluation in 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG): Low Back, Office Visits, Updated August 22, 2014.

Decision rationale: According to the Official Disability Guidelines, followup office visits are based upon the review of patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Additionally, some medication such as opiates may require close monitoring. Considering this, as the accompanying request for Percocet has been determined not to be medically necessary, so is this request for a follow-up in four weeks' time is not medically necessary.

Percocet 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Opioids for chronic pain Opioid taper. Decision based on Non-MTUS Citation University of Michigan Health System: Guidelines for Clinical Care. Managing Chronic Non-Terminal Pain. March 2009. Opioids, dosing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91 of 127.

Decision rationale: Percocet is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose that establishes improvement (decrease) in the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain after a work-related injury; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Percocet is not medically necessary.