

Case Number:	CM14-0133490		
Date Assigned:	09/18/2014	Date of Injury:	03/01/1991
Decision Date:	10/21/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/20/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 39-year-old male who reported an injury on 03/01/1991. The mechanism of injury was not specified. His diagnoses included lumbar post laminectomy syndrome, chronic pain secondary to catheter granuloma, status post morphine pump removal, sleep disorder secondary to chronic pain, thoracic laminectomy, chronic myofascial dysfunction, and chronic use of medications. His treatment included a home exercise program. His diagnostics included an MRI of the lumbar spine. His surgeries were noted as a thoracic laminectomy and a lumbar spine fusion of the L4-5 levels. On 09/18/2014, the injured worker complained of difficulty sleeping secondary to pain, pain in the low back and left leg, and rated his pain 3/10 with medications and 8/10 without medications. He reportedly got moderate to good relief with medications and had no side effects. Also, he reported that was able to do his activities of daily living, but without his medications he was nonfunctional. The physical examination revealed myofascial triggers to the bilateral L4 and bilateral L5, positive lumbar spasms, and decreased sensation in the posterior thighs. His medications included Lyrica 75 mg, Percocet 10/325 mg, MS-Contin 100 mg, Zantidine 150 mg, Flexeril 10 mg, and Ambien 10 mg. The treatment plan was for Percocet 10/325 mg, 180 count. The rationale for the request was that the injured worker uses the medication for relief of severe pain in his low back and left leg. The Request for Authorization form was submitted on 09/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Opioids for Chronic Pain Page(s): 78, 80.

Decision rationale: As stated in the California MTUS Guidelines, long term effectiveness of opioids for chronic back pain is unclear but they seem to be effective but limited for short term pain relief. Ongoing use of opioids should include continuous documentation of pain relief, functional improvement, appropriate medication use, and side effects. Also, a detailed pain assessment should be done at every office visit which includes current pain at the time of visit, the least reported pain over the period since last assessment, average pain, intensity of pain after taking opioid, how long it takes for pain relief, and how long the pain relief lasts. The injured worker complained of low back pain and difficulty doing his activities of daily living. Although it was noted that the medications help him with his activities of daily living, there is insufficient documentation showing that a detailed pain assessment was done at the time of visit. It was noted on 07/17/2014 and 08/14/2014 that a urine toxicology screen was ordered to check compliance with medications; however, the results for those screens were not provided. The note from 09/18/2014 does state that a urinalysis was done on 11/21/2013 and that it was ok and compliant. Furthermore, there was a lack of information that included the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts as this information is indicated as required by the guidelines. The request failed to provide the frequency of the medication as prescribed. Based on the clinical information submitted for review, the request for Percocet 10/325 mg, 180 count is not medically necessary.