

Case Number:	CM14-0135816		
Date Assigned:	08/29/2014	Date of Injury:	02/28/2000
Decision Date:	10/09/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/22/2014

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 Neurological Surgery 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:

The records presented for review indicate that this 62 year-old individual was reportedly injured on February 26, 2000 due to a large stack of trusses falling onto him while loading a truck. The most recent progress note, dated June 18, 2014, indicates that there are ongoing complaints of low back pain. It was noted that a 75% improvement in low back pain after the previous injections have been completed and noted. The physical examination demonstrated a 5'10", 264lbs individual who is hypertensive (140/90). A lumbar scar is noted, there is pain with extension and tenderness to palpation and muscle spasms are noted. Straight leg raise is reported to be positive bilaterally. Motor function is 5/5 and sensory is diminished of the posterior lateral left leg. Diagnostic imaging studies were not reported in this progress note. Previous treatment includes injections, physical therapy, multiple medications and pain management interventions. A request had been made for Percocet and was not certified in the pre-authorization process on August 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Percocet 10/325 mg, #180 between 8/6/2014 and 10/11/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet (Oxycodone/acetaminophen).

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

Decision rationale: Norco (hydrocodone/acetaminophen) 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, improve pain and function, 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; however, there is no objective clinical documentation of improvement in their pain levels or function with the current regimen. As such, this request for Norco is not medically necessary.