MAXIMUS Federal Services

Case Number:	CM14-0165527		
Date Assigned:	10/10/2014	Date of Injury:	12/20/2011
Decision Date:	11/12/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/08/2014

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 and is licensed to practice in Tennessee, North Carolina and Georgia. 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 57 year old male who reported an injury on 12/20/2011 due to an unspecified mechanism of injury. His diagnoses included cervical strain, left L5 radiculopathy, moderate lateral recess stenosis at L4-5, and hypertension. The injured worker's past treatments included medication. The injured worker's pertinent surgical or diagnostic studies were not provided. On 10/07/2013, the injured worker complained of pain in the cervical spine and pain radiating from his buttocks and left lower extremity down the back of his leg to the bottom of his foot, anterior shin, and the top of his foot. The injured worker's medications included Motrin 800mg and Percocet 10/325mg, without indication of frequency and duration. The injured worker stated his pain was controlled with medications. The treating physician did not perform a physical exam. The treatment was for Percocet 10/325mg and Motrin 800mg, for continued medication regimen. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325MG: Upheld

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

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

Decision rationale: The request for Percocet 10/325mg is not medically necessary. The injured worker had been noted to have lumbar pain from an on the job injury on 12/20/2011. The California MTUS guidelines state there needs to be continuous review and documentation of the injured workers pain relief, functional status, appropriate use and any side effects. The guidelines also state that the 4 A's to follow for on-going management include "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors." Documentation was not provided in regards to pain assessment, side effects, potential drug-related behaviors, and physical or psychosocial function. The medical records lack documentation of the injured workers progress in regards to analgesia, activities of daily living, adverse side effects, and aberrant drug-related behaviors while on Percocet, the request is not supported. Additionally, the request does not indicate the frequency or quantity of the medication. As such, the request is not medically necessary.

MOTRAN 800MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: The request for Motrin 800mg is not medically necessary. The injured worker had been noted to have lumbar pain from an on the job injury on 12/20/2011. According to the California MTUS Guidelines, NSAID's are recommended for short-term symptomatic relief. The guidelines also stated that NSAIDs were no more effective than acetaminophen, narcotic analgesics, and muscle relaxants and had inconsistent evidence to treat long term neuropathic pain. The injured worker was noted to be on Motrin as of exam dated 10/07/2013 without indication of use and frequency to date. Based on the lack of documentation the request is not supported. As such, the request is not medically necessary.