

Case Number:	CM14-0092166		
Date Assigned:	07/25/2014	Date of Injury:	07/13/1994
Decision Date:	10/14/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/18/2014

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 63-year-old female was reportedly injured on July 13, 1994. The most recent progress note, dated June 20, 2014, indicates that there were ongoing complaints of back pain radiating down both lower extremities. Current medications include Alprazolam, Percocet, Opana ER, Lyrica, Lexapro, Lidoderm patches, Premarin, Diovan, and Ambien. The physical examination demonstrated tenderness over the lumbar spine and pain with extension. There was a positive left sided Patrick's test and Faber's test. Lower extremity neurological examination indicated decreased sensation of the left lower extremity and decreased strength bilaterally. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes lumbar spine surgery and cervical spine surgery. A request had been made for Opana ER and Percocet and was not certified in the pre-authorization process on June 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 20mg #60: Upheld

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

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, 93.

Decision rationale: The California MTUS guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to 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 chronic pain; however, there is no documentation of objective improvement in their pain level with the use of this medication. As such, this request for Opana ER is not medically necessary.

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 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91.

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) and 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 after a work-related injury, however, there is no objective clinical documentation of improvement in their pain with the use of this medication. As such, this request for Percocet is not medically necessary.