

Case Number:	CM14-0095595		
Date Assigned:	07/25/2014	Date of Injury:	05/20/2010
Decision Date:	10/16/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/23/2014

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 45 year-old male was reportedly injured on 05/20/2010. The most recent progress note, dated 4/28/2014, indicates that there were ongoing complaints of chronic low back pain. The physical examination demonstrated decreased lumbar lordosis, positive tenderness to palpation over the right more than left lumbar paraspinal muscles and facets. Decreased range of motion in all planes of the lumbar spine. No recent diagnostic studies were available for review. Previous treatment includes epidural steroid injection, physical therapy medications, and conservative treatment. A request had been made for Percocet 10/325 mg #100 and was not certified in the pre-authorization process on 06/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93.

Decision rationale: The MTUS treatment guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. 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 claimant suffers from chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request is not considered medically necessary.