MAXIMUS Federal Services

Case Number:	CM14-0095820		
Date Assigned:	07/25/2014	Date of Injury:	01/25/1993
Decision Date:	10/20/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/24/2014

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, has a subspecialty in Pain Medicine 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 56-year-old female was reportedly injured on January 25, 1993. The most recent progress note, dated July 28, 2014, indicated that there were ongoing complaints of low back pain. Pain was rated at 5/10 to 7/10 without medications and 4/10 with medications. The physical examination demonstrated tenderness over the bilateral temporomandibular joints. There were decreased lumbar spine range of motion and decreased sensation at the right L4 and L5 dermatomes. There was tenderness over the lower lumbar spine paraspinal muscles without any spasms. There was also a trigger point pattern consistent with fibromyalgia. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included a lumbar spine fusion at L4-L5, subsequent foraminotomy, lumbar epidural steroid injections, physical therapy, aquatic therapy, Toradol injections, acupuncture, and home exercise program and oral medications. A request had been made for Percocet, MS Contin and Lexapro and was not certified in the pre-authorization process on June 11, 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 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127.

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) in 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 progress note, dated July 28, 2014, indicated an objective decrease of the injured employee's pain and an improvement in the ability to function with this medication. As such, this request for Percocet is medically necessary.

MS Contin 30mg #90 with refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-75, 78, 93 of 127.

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 progress note, dated July 28, 2014, indicated that there was an objective decrease in pain and improvement in the ability to function with use of this medication. Considering this, the request for morphine sulfate is medically necessary.

Lexapro 10mg#30 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.nlm.nih.gov/medlineplus/druginfo/meds/a603005.html

Decision rationale: Lexapro is a medication used to treat depression and generalized anxiety disorder. A review of the medical records indicates that the injured employee has been diagnosed with depression. Considering this, the request for Lexapro is medically necessary.