

Case Number:	CM14-0099272		
Date Assigned:	07/28/2014	Date of Injury:	11/14/2009
Decision Date:	10/08/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/27/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Florida. 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 patient is a 38 year old female who was injured on 11/14/2009. The diagnoses are low back, right knee and right hip pain. The 4/2/2014 MRI of the lumbar spine was significant for multilevel disc bulges, facet arthropathy and neural foraminal stenosis. There was radiological report of right Achilles tendinosis. On 5/13/2014, there was subjective complaint of low back pain. There were objective findings of positive straight leg raising test, tenderness over the lumbar facet area and decreased range of motion of the lumbar spine. The patient is working at full duty without functional impairment. A Utilization Review determination was rendered on 6/19/2014 recommending modified certification for Percocet 10/325mg #180 to #90 and Norco 10/325mg #120 to #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, QTY: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and PT Page(s): 74-96, 124.

Decision rationale: The CA MTUS recommend that opioids can be beneficial in the treatment of exacerbation of chronic musculoskeletal pain that did not respond to standard NSAIDs and PT. The chronic use of high dose opioids is associated with development of tolerance, habituation, addiction, sedation, opioid induced hyperalgesia and adverse interaction with other sedatives. Many of these side effects can be minimized by the use of low dose long acting opioid that can provide prolonged stable analgesia without the need for frequent dosing. The records indicate that the patient is utilizing frequent dosing with 2 short acting opioids - Percocet and Norco. The records indicate that the Percocet was being utilized at night time. The criteria for the use of Percocet 10/325mg #180 was not met, the request is not medically necessary.

Norco 10/325mg, QTY: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, NSAIDs and PT Page(s): 74-96, 124.

Decision rationale: The CA MTUS recommend that opioids can be beneficial in the treatment of exacerbation of chronic musculoskeletal pain that did not respond to standard NSAIDs and PT. The chronic use of high dose opioids is associated with development of tolerance, habituation, addiction, sedation, opioid induced hyperalgesia and adverse interaction with other sedatives. Many of these side effects can be minimized by the use of low dose long acting opioid that can provide prolonged stable analgesia without the need for frequent dosing. The records indicate that the patient is utilizing frequent dosing with 2 short acting opioids - Percocet and Norco. The records indicate that the Norco was being utilized in the daytime while the Percocet was being utilized at night time. The criteria for the use of Norco 10/325mg #120 were not met and the request is not medically necessary.