

Case Number:	CM14-0111696		
Date Assigned:	09/16/2014	Date of Injury:	08/14/2004
Decision Date:	07/03/2015	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48-year-old male patient who sustained an industrial injury on 08/14/2004. The accident was described as while the patient was working his regular duty of construction worker he had a fall 6 feet down and fell into a hole. The patient was impaled by a rebar that puncture his chest cavity. The co-workers' did pull the rebar from his chest and he was admitted to the hospital for evaluation and treatment. He did receive medications and a course of physical therapy. A visit dated 03/09/2007 reported the patient deemed permanent and stationary on 05/23/2005. He underwent a right knee arthroscopy on 03/13/2006. A magnetic resonance imaging study performed on 12/09/2006 revealed L3-4 early disc desiccation and 3mm bulge flattening the dural sac; L4-5 early disc desiccation, moderate facet arthropathy and 6 mm left posterior disc bulge severely displacing the left S1 nerve root. He underwent lumbar discography on 12/07/2006 that found negative for concordant pain. In December 2006, he was diagnosed with gastritis secondary to NSAIDs. A primary treating follow up visit dated 02/19/2015 reported subjective complaint of having pain in the lower back and bilateral knees. In addition, he has complaint of stomach pain. Objective findings showed there is grade 3-4 tenderness to palpation over the paraspinals, which has increased since last examination and 3-4 palpable spasm. There is restricted range of motion, and a straight leg raise test is found positive bilaterally. The bilateral knees have grade 2 tenderness to palpation and a positive McMurray's. He is ambulating with a cane. The diagnostic impression showed: left ear pain, exacerbation; lumbar spine strain with radiculopathy, exacerbation; lumbar spine disc protrusion; status post lumbar surgery x3, most recent in 04/2014; status post rib fracture; bilateral knee and quadriceps

tendinosis; status post right knee arthroscopy meniscectomy surgery; left knee cystic mass; left knee compensatory pain; hypertension, exacerbation; stomach pain, exacerbation, and urological diagnosis, exacerbation. The plan of care involved: putting physical therapy on hold at this time; prescribed Flexeril, Omeprazole, and Norco 10/325mg. He is referred for ear, nose and throat consultation; and home health aide care. He is to remain temporarily totally disabled until 03/26/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Endocet 10/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/Acetaminophen (Percocet).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78, 88-89.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. Guidelines also requires documentation of the 4A's; analgesia, ADLs, adverse side effects, and aberrant behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the request for Endocet, the provider has not included adequate documentation to substantiate use. This patient was prescribed Endocet following lumbar spine surgery, at least since 05/29/14. In this initiating progress note, there is no documentation of narcotic medication efficacy whatsoever. MTUS guidelines require documentation of analgesia via a validated scale, activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. A review of the toxicology reports provided does establish that this patient is compliant with his prescribed medications; however, there is no documentation of analgesia, no activity-specific functional improvements, or a stated lack of aberrant behavior. Without such documentation, the use of this medication cannot be substantiated. The request is not medically necessary.