

Case Number:	CM14-0210090		
Date Assigned:	12/23/2014	Date of Injury:	11/05/2002
Decision Date:	02/24/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/15/2014

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

65y/o male injured worker with date of injury 11/5/02 with related low back pain. Per progress report dated 11/26/14, the injured worker complained of chronic lower back pain with radiating symptoms into the left lower extremity. He complained of stabbing pain and ambulated with a limp. He was diagnosed with a disc herniation at L4-L5 entrapping the left S1 nerve root with ongoing chronic left radiculopathy. Per physical exam, positive nerve root tension tests, lumbar paraspinal tenderness, and decreased sensation along the S1 dermatome were noted. Treatment to date has included physical therapy, home exercise program, and medication management. The date of UR decision was 12/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Percocet 10/325 mg, 120 count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 As' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per progress report dated 11/26/14, it is noted that the injured worker rated his pain 8/10, at best 4/10 with his medications, and 10/10 without them. He reports 50% reduction in pain, 50% functional improvement with activities of daily living with the medications versus not taking them at all. It was noted that he was under narcotic contract with the treating physician's office, and that urine drug screens had been appropriate. Therefore, the request is medically necessary.