MAXIMUS Federal Services

Case Number:	CM14-0213486		
Date Assigned:	12/31/2014	Date of Injury:	11/18/2013
Decision Date:	02/27/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/19/2014

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 (IW) is a 37-year-old woman with a date of injury of November 18, 2013. The mechanism of injury occurred while she was working with a special education child, which was part of her job. The child collapsed suddenly, pulling the IW down. She had a sudden onset of pain including back pain and radiating electrical pain down the left leg. The injured worker's working diagnoses are lumbago, low back pain; SI joint dysfunction; trochanteric bursitis; and encounter long RX use. Pursuant to the most recent progress note in the medical record dated December 16, 2014, the IW complains of ongoing low back pain that extends to the right buttocks and down the right leg to the top of the feet. The IW notes numbness in the 2nd, and 3rd toe of that foot. She reports the current pain management schedule is helping reduce the pain allowing her to function. However, she rates her pain 7/10 with medications. Examination of the lumbar spine reveals facet joint tenderness with decreased flexion, extension and lateral bending. Gaenslen's test and Patrick's tests are positive. There is tenderness notes at the greater trochanteric region. Current medications include Percocet 10/325mg and Ibuprofen 800mg. The IW has been taking Percocet and Ibuprofen since August 20, 2014, according to a progress note with the same date. There are no detailed pain assessments or evidence of objective functional improvement associated with the ongoing use of Percocet and Ibuprofen. The current request is for Ibuprofen 800mg #90 with 1 refill, and Percocet 10/2325mg #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10/325 mg #150 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are lumbago, low back pain; joint dysfunction; trochanteric bursitis; and encounter long term prescription use. The documentation indicates the injured worker has been taking Percocet 10/325 mg is far back as August 20, 2014. The injured worker continues to experience 7/10 out of 10 pain on the VAS scale. There is no objective functional improvement noted in the medical record and subjectively, the injured worker continues to complain of significant pain. There are no detailed pain assessments. Consequently, absent clinical documentation supporting the ongoing use of Percocet with objective functional improvement and pain assessments, Percocet 10/325 mg #150 is not medically necessary.

Ibuprofen 800mg #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, NSAIDs.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ibuprofen 800 mg #90 with one refill is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The main concern with nonsteroidal anti-inflammatory drugs are the adverse side effects associated with prolonged use. For additional details see the Official Disability Guidelines. In this case, the injured workers working diagnoses are lumbago, low back pain; joint dysfunction; trochanteric bursitis; and encounter long term prescription use. The documentation indicates the injured worker has been taking Ibuprofen 800mg mg as far back as August 20, 2014. The injured worker continues to experience 7/10 out of 10 pain on the VAS scale. There is no objective functional improvement noted in the medical record and

subjectively, the injured worker continues to complain of significant pain. There are no detailed pain assessments. Consequently, absent clinical documentation supporting the ongoing use of Ibuprofen with objective functional improvement and pain assessments, Ibuprofen 800 mg #90 with one refill is not medically necessary.