

Case Number:	CM14-0219188		
Date Assigned:	01/09/2015	Date of Injury:	09/14/2000
Decision Date:	03/09/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	12/31/2014

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 62 year old male, who sustained an industrial injury on September 14, 2000. He has reported low back pain. The diagnoses have included lumbar disc disorder with myelopathy and lumbosacral neuritis and radiculopathy. Treatment to date has included pain medications, an L5-S1 anterior lumbar interbody fusion and physical therapy. Currently, the injured worker complains of improved low back pain and improved neck symptoms. The injured worker reported improvement in his pain since his surgery and noted that he is using Percocet 10/325 mg twice per day and will take a third pill if needed for severe pain. On physical examination, the injured worker walked with a nonanalgesic non-neuropathic gait. He had a lumbar corset in place and had restricted range of motion of the lumbar spine. The injured worker had decreased sensation on the left in the L5 distribution and had full strength in his bilateral lower extremities. On December 26, 2014, Utilization Review modified a request for Percocet 10/325 mg #67 between 12/16/2014 and 2/20/2015 noting that the injured worker's provider indicated the medication was to be reduced for the purpose of weaning. The California Chronic Pain Medical Treatment Guidelines were cited. On December 31, 2014, the injured worker submitted an application for IMR for review of one prescription of Percocet 10/325 mg #67.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Percocet 10/325mg #58 between 12/16/2014 and 2/20/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78- 79.

Decision rationale: There are criteria for on-going opiate management that have not been met that were listed in the guidelines. This was noted previously and the requested amount of opiate was modified - decreased. The lowest dose of opiate should be used. At each office visit there should be a detailed assessment of anesthesia, activities of daily living, adverse effects and aberrant drug seeking behavior. There must be documentation of functional improvement. Slow weaning from opiates as listed in the modified amount certified is indicated and is consistent with MTUS guidelines. The requested opiate is not medically necessary.