

Case Number:	CM15-0061980		
Date Assigned:	04/07/2015	Date of Injury:	05/13/2008
Decision Date:	05/14/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/01/2015

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: Texas, Florida
 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:

The injured worker is a 48 year old, male who sustained a work related injury on 5/13/08. The diagnoses have included lumbar herniated disc, low back pain, right lower extremity pain, sleep apnea and depression. The MRI of the lumbar spine showed L5-S1 disc bulge. Treatments have included lumbar epidural steroid injections, physical therapy, chiropractic treatments, acupuncture, modified work duties and medications. In the PR-2 dated 3/10/15, the injured worker complains of low back pain. He has been doing more gardening of late and this has aggravated the pain. He is taking Percocet, which significantly reduces his pain from a 7/10 to a 2/10. He is also taking Relafen on a regular basis. The treatment plan is the injured worker was provided with prescriptions for Percocet and Relafen. There was a prior documentation of opioid related adverse effects including fatigue, daytime sleepiness and erectile dysfunction. The medications listed are Sertraline, Prilosec, Viagra, Percocet and Relafen. The 11/18/2014 UDS was inconsistent with absence of prescribed oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with other sedative medications. The records indicate that the patient did not meet the compliance monitoring guidelines as shown by the inconsistent UDS report and the presence of adverse effects related to the use of opioids. The guidelines recommend that chronic pain patients with co-existing psychosomatic symptoms be treated with co-analgesics such as anticonvulsants or antidepressants with analgesic and mood stabilizing actions. The criteria for the use of Percocet 10/325mg #180 was not met. The request is not medically necessary.

Relafen 750mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of renal, cardiovascular and gastrointestinal complications. The records indicate that the patient reported pain relief and functional restoration with utilization of Relafen. There is no reported adverse effect or complication. The guidelines recommend that the use of NSAIDs be limited to the minimum dosage for the shortest periods to minimize the risk of NSAIDs related complications. The criteria for the use of Relafen 750mg #120 was met and the request is medically necessary.