

Case Number:	CM15-0064851		
Date Assigned:	04/10/2015	Date of Injury:	07/02/2008
Decision Date:	05/18/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/06/2015

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 56 year old male, who sustained an industrial injury on July 2, 2008. The injured worker was diagnosed as having prostatitis, cervicgia, degeneration of the lumbar or lumbosacral intervertebral disc and unspecified site of sacroiliac region sprain/strain. Treatments to date have included hospital admission January 20, 2015 for painful and swollen right side testicle and medications. Currently, the injured worker complains of status post testicular inflammation and probable prostatitis, tenderness, neck pain, chronic back pain and muscle spasm. The Treating Physician's report dated March 18, 2015, noted the testicular examination negative, with no masses and minimal tenderness, with chronic back pain and muscles spasms. The treatment plan included refill of the Percocet and Ibuprofen. The medications listed are gabapentin, ibuprofen and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10-325 q 4 hrs #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 treatment of exacerbation of musculoskeletal pain that did not respond to standard treatments 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 did not show the guidelines required compliance monitoring of serial UDS, absence of aberrant behaviors and functional restoration. There is no documentation of failure of standard treatment with NSAIDs and co-analgesic such as gabapentin. The criteria for the use of Norco 10/325mg q 4hrs #180 were not medically necessary.