

Case Number:	CM13-0015911		
Date Assigned:	10/11/2013	Date of Injury:	09/05/2010
Decision Date:	01/22/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 45 year old female with injury from 09/05/10. Per [REDACTED] diagnoses are cervical spine strain, lumbago, cervical DDD, bulging lumbar disc, lumbar facet arthropathy, and cervicgia. The progress report dated 8/14/13 by [REDACTED] noted that the patient complained of severe neck pain. It was noted that the patient has not been able to get her medication filled. She has been on this medication and is stable. She is having no side effects and it is helpful in the control of her pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, 1 Tablet every 3hours, PRN pain #210, no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC 2013 Pain Routine long-term opiod therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opiod use Page(s): 88-89.

Decision rationale: The progress report dated 8/14/13 by [REDACTED] noted that the patient complained of severe neck pain. It was noted that the patient has not been able to get her

medication filled. She has been on this medication and is stable. She is having no side effects and it is helpful in the control of her pain. The patient's diagnoses include: cervical spine strain, lumbago, cervical DDD, bulging lumbar disc, lumbar facet arthropathy, and cervicgia. The progress reports dated between 3/27/13 and 8/14/13 were reviewed which did not contain any documentation regarding decreased pain or function improvement with a numerical scale or validated instrument. MTUS requires documentation of pain reduction, improved function and quality of life. In this case, the treater has provided general statements such as "it is helpful in the control of her pain." and "reports no side effects." However, MTUS requires specific functioning measures with numerical scale or validated instrument. The treater does not provide any before and after pain or functional scales. Furthermore, under outcome measures, it also recommends documentation of current pain; average pain; best pain; time it takes for medication to work; duration of pain relief with medications, etc. None of the reports reviewed contain this information. Therefore recommendation is for denial.