

Case Number:	CM13-0021216		
Date Assigned:	11/08/2013	Date of Injury:	07/28/2011
Decision Date:	05/07/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/06/2013

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. The expert reviewer is Board Certified in Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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/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 injured worker is a 49-year-old male who reported an injury on 07/28/2011. The mechanism of injury was not provided. Current diagnoses included headache, cervical radiculitis, encounter for long term use of medication, fractured scapula, and concussion. The injured worker was evaluated on 08/09/2013. Current medications include Nucynta ER, Percocet, Imitrex, and Robaxin. Physical examination revealed tenderness to palpation over the right mid cervical facets, limited cervical range of motion, and positive axial compression testing. Treatment recommendations included continuation of current medication.

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. Decision based on Non-MTUS Citation PERCOCET (OXYCODONE & ACETAMINOPHEN),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and

documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized Percocet 10/325 mg since at least 06/2013. There is no documentation of objective functional improvement. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. Therefore, ongoing use cannot be determined as medically appropriate. There is also no frequency listed in the current request. As such, the request is non-certified.

ROBAXIN 500MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65. Decision based on Non-MTUS Citation METHOCARBAMOL (ROBAXIN, RELAXIN)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. There is no frequency or quantity listed in the current request. Therefore, the request is not medically appropriate. As such, the request is non-certified.