

Case Number:	CM13-0023170		
Date Assigned:	11/15/2013	Date of Injury:	05/17/2006
Decision Date:	01/03/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/11/2013

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.

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 progress note dated 9/23/13 indicates that the patient has persistent neck and right arm pain. It was noted the medication allows the patient to be functional. The patient continues to have difficulty sleeping. Prescriptions included: Percocet 10/325 mg # 30 weaning down from # 60, Ambien #10 down from # 20, Colace 100 mg # 60, Naproxen 550mg # 60 and Protonix 20 mg # 60. MTUS pg. 22 states that anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume. Continuation of the use of Naproxen would be reasonable as the patient is being weaned off of the Percocet. Authorization is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective usage of Percoset 10/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 88-89.

Decision rationale: The progress reports dated between 3/1/13 to 9/23/13 indicate that the patient has been taking Percocet for pain relief without documentation of any quantifiable amount of pain reduction or functional gain by the patient. There are multiple comments by the

treater that note that the patient takes the medication to be functional, but it is unclear if there is a satisfactory response to the medication. It appears that the treater has been attempting to wean the patient off of the Percocet as the requested amount # 30 is down from # 60, however, MTUS pg. 88, 89 requires functional documentation at least once every 6 months of a decrease in pain, increased level of function, or improved quality of life for a satisfactory response to treatment with opioid medication. Recommendation is for denial.

Prospective usage of Ambien 10mg #10: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Zolpidem..

Decision rationale: The progress report dated 8/22/13 by [REDACTED] noted that the patient complained of more pain in the neck, right shoulder, and right wrist. The patient reports taking 4 half tablets a day of the Percocet. It is noted that the patient is sleeping well through the night, is slowly being weaned off of the ambien and that this may take some time since the patient has been taking this medication for some time. Ambien 10 mg # 20 was prescribed down from # 30. MTUS does not have guidelines regarding Ambien, therefore ODG guidelines were reviewed which support the use of Ambien for short term use (usually 2-6 weeks) for treatment of insomnia. The medical records show that the patient has been on this medication for long term use which is not supported by above guidelines, therefore recommendation is for denial.

Prospective usage of Colace 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: The medical records indicate that the patient has been on Colace 100mg in conjunction with Percocet for more than 6 months. MTUS pg.77 does support the prophylactic treatment of constipation secondary to Opioid therapy. However, as the requested authorization of Percocet is denied and there is no documentation in the records to indicate any other reason for the ongoing use of the Colace, recommendation is for denial.

Prospective usage of Naproxen sodium 550mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: The progress note dated 9/23/13 indicates that the patient has persistent neck and right arm pain. It was noted the medication allows the patient to be functional. The patient continues to have difficulty sleeping. Prescriptions included: Percocet 10/325 mg # 30 weaning down from # 60, Ambien #10 down from # 20, Colace 100 mg # 60, Naproxen 550mg # 60 and Protonix 20 mg # 60. MTUS pg. 22 states that anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume. Continuation of the use of Naproxen would be reasonable as the patient is being weaned off of the Percocet. Authorization is recommended.