

Case Number:	CM13-0031436		
Date Assigned:	12/04/2013	Date of Injury:	11/28/2002
Decision Date:	01/13/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/03/2013

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 Internal Medicine, has a subspecialty in Pulmonary Medicine, 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 61-year-old male who sustained an occupational injury on 11/28/2002. The patient's diagnoses include history of anterior cervical decompression and fusion at C4-5 and C5-6, history of lumbar fusion at L4-5, chronic neck and low back pain, possible cervical and lumbar radiculopathy, status post total left knee replacement, and status post left shoulder surgery. The patient's treatment history included physical therapy, chiropractic treatment, injections, bracing, activity modifications, and a home exercise program. The most recent documentation submitted for review indicates the patient has ongoing complaints of severe left knee and left shoulder pain with indications the patient is anticipating an upcoming shoulder replacement surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 prescriptions of Percocet 5/325mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 92.

Decision rationale: California MTUS indicates that chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should be done with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added. Furthermore, Guidelines recommend ongoing monitoring and assessment of the 4 A's including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation provided for review indicates the patient continues to experience severe neck and low back pain, as well as severe bilateral shoulder pain secondary to his compensable injuries. Guidelines clearly support the use of this class of drugs for the indication of severe pain. Furthermore, documentation indicates the use of this medication helps to keep the patient functional with evidence the patient has no history of request for early refills or aberrant drug behavior. Evidence in the medical records provided for review reveal that the patient has been prescribed Percocet 5 mg #90 1 tablet by mouth 3 times a day as needed for pain. While the patient was given 2 prescriptions of Percocet 5/325 mg #90, these prescriptions were given over a 90 day time frame. Given that the patient was instructed to use this medication 1 tablet 3 times daily as needed for pain, a 90 day supply of this medication would total 270 tablets. Therefore, the request for two prescriptions for 90 tablets totaling 180 tablets over a 90 day time period is acceptable as the prescription is written for PRN use and it doesn't exceed the maximum daily dose allowed. Therefore, this request is supported and as such is certified.