

Case Number:	CM13-0049716		
Date Assigned:	12/27/2013	Date of Injury:	03/02/2006
Decision Date:	05/21/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/08/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and 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 patient is a 65 year old who sustained injury on 3/2/2006. The diagnoses listed on the 10/16/2013 clinical note are hand pain, low back pain, insomnia, right shoulder pain and depression. The note did not document reduction on pain scores or increase in functions secondary to the use of chronic opioid therapy. The patient is ambulating with the use of a Walker. There was no improvement in pain following right shoulder injections and back surgery. The patient was treated with methadone in 2013. The medical records from [REDACTED] are hand written and illegible. The medications listed are Oxycontin 20mg, Tizanidine, Flector patch and Percocet 10/325mg. A Utilization Review decision was rendered on 10/29/2013 recommending modified certification of Percocet 10/325mg #240 to #60 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325MG #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 96, and 124.

Decision rationale: The CA MTUS addressed the use of opioids in the treatment of chronic pain. The guidelines addressed indications for discontinuation of chronic opioid treatment. Opioid are indicated for short term treatment of severe pain during acute injury or periods of exacerbations of chronic pain that is non responsive to standard NSAIDs, physical therapy and exercise. Documentation during opioid therapy should include compliance monitoring measures such as Pain Contract, UDS monitoring, absence of aberrant behaviors and improvement in ADL/function. This patient have been on opioid medications for many years. The patient is concurrently on Oxycontin 20mg. There is no documentation of sustained reduction in pain, compliance measures or functional restoration. The indications for weaning and discontinuation of Percocet 10/325mg according to the guideline was met.