

Case Number:	CM13-0051121		
Date Assigned:	04/09/2014	Date of Injury:	12/01/2008
Decision Date:	09/15/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/02/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 56-year-old female who reported an injury on 03/25/2001, from an unspecified cause of injury. The injured worker had a history of neck and back pain with bilateral shoulder pain. The injured worker had a diagnosis of cervical, thoracic and lumbar sprain/strain with global myofascial pain disorder, possible fibromyalgia with associated fatigue and depression, bilateral shoulder tendinopathies from sprain/strain injuries. The x-ray of unknown dated of the cervical spine revealed spondylosis and degenerative disc disease. The x-ray of the lumbar spine revealed lumbar degenerative joint disease. The medications included Norco 10/325 mg, Celebrex 200 mg, Voltaren anti-inflammatory gel 1% and Nexium 40 mg. The injured worker reported her pain rate an 8/10 at best, 5/10 with medication and a 10/10 without medication with a 50% functional improvement with medication with activities of daily living. The physical examination dated 07/17/2014 of the neck and lumbar region, revealed limited range of motion, multiple areas of trigger point tenderness throughout the cervical, thoracic and lumbar musculature. Motor strength, sensation and deep tendon reflexes were grossly intact to the upper extremities, palpation revealed muscle spasm across the cervical trapezius muscle, cervical paraspinal musculature and lumbar trunk. No past treatments available for review. The treatment plan included a narcotic contract, appropriate drug urine screens and reviewed some exercises. The Request for Authorization date is 07/12/2013, was submitted with documentation. Rationale for the Percocet and the MS Contin was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS CONTIN 30MG #50: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: The California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. It further recommends that dosing of opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Per the documentation provided, the clinical note did not indicate that the injured worker was taking the MS Contin; however indicated they were taking the Norco. Per the evaluation dated 07/17/2014, the physical examination revealed limited range of motion. However, no abnormalities were noted. The request did not indicate frequency. As such, the request is not medically necessary.

PERCOCET 10/325MG #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet; Ongoing Management Page(s): 75,86; 78.

Decision rationale: The California MTUS guidelines recommend oxycodone/acetaminophen (Percocet) for moderate to severe chronic pain and that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. It further recommend that dosing of opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Per the evaluation dated 07/17/2014, the physical examination revealed limited range of motion. However, no abnormalities were noted. The request did not indicate frequency. As such, the request is not medically necessary.