

Case Number:	CM13-0053632		
Date Assigned:	12/30/2013	Date of Injury:	12/12/2006
Decision Date:	03/13/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/18/2013

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 and Pain Management, 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. 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 58-year-old female with date of injury on 12/17/2006. The progress report dated 10/17/2013 by [REDACTED] indicates that the patient's diagnoses include: 1) right upper extremity pain, 2) status post right carpal tunnel release, 3) chronic pain syndrome, 4) dyspepsia secondary to chronic pain. The patient continues with right upper extremity and shoulder pain. The patient reports that the Percocet significantly helps to improve her functional ability and quality of life. Overall, she states that her pain medications are decreasing her pain by about 80%. The patient rated her pain at a 6/10 and states that her pain has ranged between a 5/10 and 7/10 since her last visit. Exam findings include tenderness to the right shoulder. The patient denied any negative side effects from medication and had a consistent urine drug screen recently. The November 13th progress report indicates the patient takes Tranxene 15 mg twice a day for itching secondary to her medications and helps control the side effects. She continues the Percocet 10 every 4 up to 6 a day to help control her pain. She takes Zofran once a day for the nausea. The patient reports that without her pain medication she has suffered a significant decline in her function ability and quality of life. The utilization review letter dated 11/07/2013 issued noncertification of Percocet 10/325 q.4 hours for 1-month supply, for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 Q4 hours, 1 month supply for weaning: Overturned

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

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

Decision rationale: The patient continues with significant right upper extremity pain that she rates between a 5/10 and a 7/10 on average. The treating physician indicates that the patient's pain is reduced by 80% by pain medications and continues to improve the patient's ability to function and improve her quality of life. The patient's adverse effects from medications are tolerated with the use of medication to relieve the symptoms of nausea and itching. The patient's urine drug screens have been consistent with the prescription medications, noted by the treating physician. Chronic Pain Medical Treatment Guidelines page 88 and 89 regarding long-term use of Opioids states that pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Treating physician has documented this on his most recent report. MTUS page 78 regarding therapeutic trial of Opioids, regarding ongoing management, recommends the 4 A's for ongoing monitoring which includes analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The review of the records appear to indicate the treating physician continues to monitor the 4 A's. Therefore the request for Percocet 10/.24 Q4, 1 month supply for weaning is medically necessary.