

Case Number:	CM13-0059229		
Date Assigned:	12/30/2013	Date of Injury:	11/21/2012
Decision Date:	10/06/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/01/2013

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 Occupational 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 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:

This is a 47 year-old female patient with an 11/21/2012 date of injury. The mechanism of injury was not described. On a 10/16/13 progress report the patient complains of upper and lower extremity numbness and 7-9/10 pain that decreased to 1-3/10 while using medications. The patient was also noted for her depression, insomnia, and headaches. Exam revealed no signs of sedation or over-medication with 5/5 symmetric upper extremity reflexes. Spurling's positive on the left and negative on the right, tender left cervical paraspinals, with decreased cervical ROM. MRI dated 2/5/13 revealed canal stenosis c5-6 and mild ventral compression and protrusion C6-7 with mild to moderate canal narrowing. The diagnostic impression is cervical degenerative disc disease, cervical radiculitis, cervical spinal stenosis, and lumbar degenerative disc disease. Treatment to date: Physical therapy, MRI, diagnostics, and medication management. A UR decision dated 11/4/13 denied the request for Percocet 10/325mg #150. The rationale for denial of the request was that there was lack of information in the documentation. There are questions as to how the medication is being taken as opposed to how it is prescribed. The report notes that the patient is taking half a tablet at a time which suggests weaning and there is no mention of improvement of patients' functionality.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325MG # 150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. CA MTUS guidelines require ongoing review of chronic opiate use. There is no mention of CURES monitoring, an opiate contract, or functional status in the reports. The request is for Percocet 10/325mg #150 suggesting that the patient is prescribed to use 5 tablets per day. The report states that the patient is taking half to one tablet at a time making it unclear if the patient is decreasing the dose or beginning to wean off the opiate. Therefore, due to the lack of documentation of intent and functional status the request for Percocet 10/325mg #150 is not medically necessary.