

Case Number:	CM13-0061012		
Date Assigned:	12/30/2013	Date of Injury:	12/15/2007
Decision Date:	04/10/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/04/2013

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 Management, and is licensed to practice in 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 70-year-old female who reported an injury on 12/15/2007. The patient's medical history as of 2012 included opiate medications. The patient's mechanism of injury was not provided. The documentation of 09/16/2013 revealed the patient's pain level had increased since the last visit. The activity level had remained the same. The patient was noted to be taking Percocet if she works. The patient's CURES report and urine drug screen were noted to be appropriate. The diagnoses were noted to include lumbar spondylosis, hip pain, knee pain, shoulder pain, pain joint lower leg, disc disorder, cervical and lumbar facet syndrome. The treatment plan included Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, ongoing management Page(s): 60, 78.

Decision rationale: California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, objective decrease in the

VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical information submitted for review indicated the patient was being monitored for aberrant drug behavior. However, there is lack of documentation indicating that the patient had objective improvement in function and an objective decrease in the VAS score. The request as submitted failed to indicate the quantity of medication requested. Given the above, the request for Percocet 10/325 mg is not medically necessary.