

Case Number:	CM13-0071181		
Date Assigned:	01/08/2014	Date of Injury:	11/25/2007
Decision Date:	04/21/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/19/2013

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, 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 patient is a 53 year-old female with several previous injuries and accidents dating back to 1996. There are a variety of injuries including several motor vehicle accidents, some injuries from falls at work and others from falls while shopping. The patient is reported to have chronic cervical neck pain and right arm pain with cortical disc protrusion at C5-C6 and C6-C7. There is also a reported right side radiculitis without neuropathy. Electrodiagnostic testing was reported to be normal on 2/12/2013, without evidence of peripheral neuropathy and without cervical radiculopathy on the right. The patient reportedly has had shoulder surgery on 1/20/2009 and 10/31/2011. The severity of pain is noted to be a 9 on a scale of 1-10 with 10 being the worst. There is a prescription for Percocet 10/325 mg, 1 (one) tab Q3 hours for pain. This has been an ongoing prescription for several months dating back to 1/2/2013. There is also a prescription for Fentanyl (film) 50 mcg/hr for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: This is a request for prescription Percocet 10/325 mg #120. Percocet is an oxycodone and acetaminophen combination drug. According to the Medical Treatment Utilization Schedule (MTUS) guidelines short-acting opioids, such as Percocet, are an effective method of pain control for chronic pain. However, failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." There is no clearly documented evidence of reassessment and consideration of alternative therapy. In addition, on-going management Medical Treatment Utilization Schedule (MTUS) guideline recommendations states "Pain assessment should include: current pain; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." In addition the Guidelines state actions should also include "Continuing review of overall situation with regard to non-opioid means of pain control." And "Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months." There is no documented evidence of intensity of pain after taking opioid, how long it takes for pain relief or how long pain lasts. There is no documented evidence of consideration of a consultation with a multidisciplinary pain clinic. According to the patient's medical record there is no documented overall improvement in function or return to work. Therefore, the above listed issue is considered not medically necessary.