

Case Number:	CM13-0071750		
Date Assigned:	01/08/2014	Date of Injury:	08/19/2003
Decision Date:	05/29/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/27/2013

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 Family 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 injured worker's date of injury was 8/19/2003. The treating physician's diagnoses include chronic pain syndrome, brachial plexus injury, pain in limb s/p right leg fracture, and cervicgia s/p fusion. In the clinical note dated 10/29/13, the physician stated the patient's. Chief complaint was weakness of the left arm and chronic pain. On physical exam the patient walked with a cane. Examination of the left hand showed wasting of the thenar muscle and in her upper back, mild scapular winging. There was tenderness in the neck and there was reduced neck ROM. The left shoulder muscles were weak in extension and the fingers were weak in flexion and opposition, especially.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR ONE (1) PRESCRIPTION OF PERCOCET 5/32 MG #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , OPIOIDS FOR CHRONIC PAIN, 80-82

Decision rationale: This injured worker receives treatment for chronic neck and arm pain. Percocet 5/325 is a combination medication containing acetaminophen 325 mg and an opioid, oxycodone 5 mg. Percocet, as with all opioids, is indicated as part of a treatment program for the short-term relief of pain. For osteoarthritis opioids are not recommended as first line treatment. When used for longer periods of time, up to one quarter of patients exhibit aberrant medication-taking behavior. In addition, tolerance and dependence to opioids develop relatively quickly. Based on the documentation provided, the request for Percocet is non-certified.

PROSPECTIVE REQUEST FOR ONE (1) DETOXIFICATION PROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , DETOXIFICATION, 42

Decision rationale: Referral to a detoxification program requires that the treating physician document a number of clinical factors in order to be accepted. The documentation must mention-intolerable side effects, poor response, aberrant drug behaviors, and lack of functional improvement, to name a few factors. Based on the documentation presented in this case, the request for entrance into a detoxification program is non-certified.