

Case Number:	CM14-0003325		
Date Assigned:	01/31/2014	Date of Injury:	08/23/2009
Decision Date:	06/20/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/09/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 56 year old female who reported an injury on 08/23/2009 secondary to unknown mechanism of injury. The injured worker was evaluated on 12/10/2013 for reports of neck, shoulder and arm pain. The exam noted the injured worker was walking slowly and had decreased strength of the upper extremities. The diagnoses included degenerative disc disease of the cervical spine, status post shoulder surgery on 8/17/2010, thoracic pain and chronic low back pain. The treatment plan included continued medication therapy. The request for authorization dated 12/19/2013 was in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 2 PRESCRIPTIONS OF PERCOCET 10/325MG, #360:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Section Page(s): 74-95.

Decision rationale: The request for prospective request for 2 prescriptions of Percocet 10/325mg, #360 is non-certified. The California MTUS Guidelines may recommend the use of

opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured workers pain level, functional status, evaluation of risk for aberrant drug use behavior and side effects. Furthermore, the request for a total of 360 two times is excessive. Therefore, based on the documentation provided, the request is not medically necessary or appropriate.