

Case Number:	CM14-0003818		
Date Assigned:	02/03/2014	Date of Injury:	01/09/2007
Decision Date:	06/20/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/10/2014

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 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:

The patient is a 60-year-old male who has submitted a claim for displacement of cervical intervertebral disc without myelopathy, displacement of thoracic intervertebral disc without myelopathy, brachial neuritis or radiculitis NOS and unspecified internal derangement of knee associated with an industrial injury date of January 9, 2007. The patient complains of back pain and stiffness with numbness and weakness in the bilateral leg, rated 8-9/10 on a pain scale. Other complaints include cervical pain and stiffness radiating to the bilateral arms, rated 8-9/10 on a pain scale. Physical examination of the cervical spine revealed limitation of motion; tenderness over the C3-C6 facet capsules; bilateral, secondary myofascial pain with triggering and ropey fibrotic banding; positive Spurling's maneuver bilaterally; positive maximal foraminal compression testing bilaterally; and pain with Valsalva bilaterally. Other pertinent objective findings include difficulty with transferring objects; positive Tinel's at the wrist; and weakness in the wrist and fingers. Diagnoses include cervical and lumbar disc displacement and brachial neuritis or radiculitis. The patient was prescribed with Percocet 5/325mg taken 5 times a day since October 2013. Other medications include Butrans, Naprosyn, Zanaflex, and Protonix. Treatment to date has included oral and topical analgesics, muscle relaxants, cervical epidural steroid injection, bilateral carpal tunnel release, home exercise program, and physical therapy. Utilization review from December 23, 2013 denied the request for Percocet 325mg #150 because the documentation did not identify quantifiable pain relief and functional improvement, appropriate medication use, and lack of aberrant behaviors and intolerable side effects. The request for follow up with pain management was also denied because the documentation did not provide a rationale as to why a consultation with pain management specialist is necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 325MG #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 2009 Page(s): 78-81.

Decision rationale: As stated on page 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient has been on Percocet 5/325mg taken 5 times a day since October 2013. However, there is no documentation of significant functional benefits derived with this medication. Therefore, the request for Percocet 325mg #150 is not medically necessary.

FOLLOW UP WITH PAIN MANAGEMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Office Visit

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) of outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. The determination is also based on what medications the patient is taking since some medicines such as opiates, or medicines, require close monitoring. In this case, the patient has been taking opioids since October 2013. The guideline recommends follow-up visits for patients taking opioids as intake of these medications require close monitoring. The guideline criteria were met, however, the specific number of follow-up visits was not indicated. Therefore, the request for FOLLOW UP WITH PAIN MANAGEMENT is not medically necessary.