

Case Number:	CM14-0007470		
Date Assigned:	02/07/2014	Date of Injury:	10/13/2008
Decision Date:	07/21/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/16/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 50-year-old female who has submitted a claim for cervical strain/sprain, thoracic strain/sprain, right shoulder strain/sprain, postsurgical herniated nucleus pulposus of the cervical spine, myofascial pain syndrome and shoulder impingement syndrome associated with an industrial injury date of October 13, 2008. Medical records from 2013 were reviewed, the latest of which dated December 3, 2013 revealed that the patient is continuing to have cervical spine pain, which radiates to her left shoulder and interferes with her activities of daily living and sleep at night. On physical examination, there is limitation in range of motion of the cervical spine in flexion to approximately 45 degrees, extension to approximately 10 degrees, left rotation to approximately 25 degrees, and right rotation to approximately 45 degrees. There is increased myofascial tone of the paracervical musculature, left greater than the right. Treatment to date has included fusion of C5-C6 (11/2010), cervical interlaminar epidural steroid injection (7/26/13), chiropractic therapy, physical therapy, compression socks, and medications which include Percocet, Xanax and ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 5/325 MG #60 FOR NECK & R SHOULDER PAIN.: Upheld

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

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

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and 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 using Percocet since June 2013 for pain control. The most recent clinical evaluation revealed no analgesia and functional improvement with its use. Also, there is no discussion regarding the side effects or possible aberrant behavior with opioid use. The medical necessity of Percocet was not established. Therefore, the request for percocet 5/325 mg #60 for neck & right shoulder pain is not medically necessary.