

Case Number:	CM14-0008080		
Date Assigned:	02/12/2014	Date of Injury:	03/08/2011
Decision Date:	07/25/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/22/2014

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:

This is a 34-year-old female with a date of injury of 3/8/11. The mechanism of injury was not noted. One 12/13/13, the patient reported a pain level of 4/10 with medication and 8/10 without medication. Exam findings include reduced cervical spine range of motion. There was no change in the motor strength or deep tendon reflexes in bilateral upper extremities. The diagnostic impression is cervical facet syndrome, cervical radiculopathy, shoulder pain, right wrist pain, mood disorder, and peripheral neuropathy. Treatment to date: medication management, physical therapy, home exercise program, chiropractic therapy, acupuncture therapy. A UR decision dated 1/14/14, denied the request for Percocet 5/325mg. The patient does not have evidence of urine drug testing and has been on the medication for an extended period of time with testing. While there is no evidence of abuse, this is a standard procedure. There is a lack of objective findings to substantiate the need for opioid medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5-325mg: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are 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. However, there is no clear description of functional improvement from the Percocet. The patient is noted to have tapered down to 1 Percocet at bedtime. There was no documentation of a pain contract, CURES Report or urine drug screens. In addition, the quantity of Percocet tablets requested was not specified. Therefore, the request for Percocet 5-325mg, was not medically necessary.