

Case Number:	CM14-0108597		
Date Assigned:	08/01/2014	Date of Injury:	10/30/1996
Decision Date:	09/09/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/11/2014

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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 46 year old female with an injury date on 10/30/1996. Based on the 06/26/2014 progress report provided by Dr. [REDACTED], the patient complains of shoulder and arm pain. Muscle spasm and burning sensation are decreased. The patient is sleeping 18 hours per night and eats two meals per day. The patient needs assistance with bath, grooming and dressing. Patient's average pain is at 8-9/10, pain with medication is at 5-6/10 and pain without medications is at 9-10/10. The diagnoses were not provided in the report. There were no other significant findings noted on this report. Dr. P [REDACTED] is requesting Percocet 10mg/325mg #210. The utilization review denied the request on 07/03/2014. Dr. [REDACTED] is the requesting provider, and he provided treatment reports from 12/04/2013 to 06/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10mg/325mg #210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Opioids pages 60-61 and 88-89.

Decision rationale: According to the 06/26/2014 report by Dr. [REDACTED] this patient presents with shoulder and arm pain. The treater is requesting Percocet 10mg/325mg #210. Review of report shows that the patient has been taking Percocet since 12/04/2013. For chronic opiate use, MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least once every 6 months. Documentation of 4 A's (analgesia, ADLs, adverse side effects, adverse behaviors) are also required. Furthermore, under outcome measures, MTUS recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medications, et cetera. In this case, the report shows documentation of pain assessment using a numerical scale describing the patient's pain. However, no outcome measures are provided, no discussions regarding potential aberrant drug seeking behavior and specific ADL's. The patient is apparently sleeping 18 hours a day and the treater does not address this potential side effect of over medication. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. At this time the medical necessity criteria for requested Percocet 10mg/325mg #210 has not been met.

