

Case Number:	CM14-0014046		
Date Assigned:	02/26/2014	Date of Injury:	02/13/2001
Decision Date:	07/24/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	02/03/2014

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 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 69-year-old male with a 02/13/2001 date of injury. A specific mechanism of injury was not described. The 1/10/14 prior determination was modified from Percocet 10/325mg three times a day #90, two units to the same prescription with no refills. This modification was to allow weaning to discontinue, with reduction of medication by 10% per week over a weaning period of eight weeks. The 1/3/14 orthopedic report identified ongoing neck pain and pain in both shoulders. Exam revealed limited range of motion of the cervical spine, tenderness to palpation, and decreased shoulder range of motion, and positive impingement sign. It was also noted that the patient was seen By [REDACTED] for pain control. 12/20/13 pain management report identified no new problems or side effects. The patient is not trying any other therapies for pain relief. Activity level has remained the same. The patient is taking the medications as prescribed. The patient states that the medications are working well. It is noted that the patient completed 4 sessions of PT for the left hand and continues to do a home exercise program. Other conservative treatments included physical therapy for other body parts, medications, and TENS unit. It is also noted that a discussion was held with the patient regarding opioid medication predations, including not to drink alcohol while on opioid medication, risks, and benefits, and to never take greater quantity as prescribed. It is noted that Percocet is taken PRN for pain. This decreases the patient's pain during the day and with activities and also sleep. The patient states that without the medication, the pain level is high. He also states it helps with pain and he can grip things better and perform ADL's and self-care. It also appears that the patient has monthly follow-up visits with pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325 MG THREE TIMES A DAY # 90, TWO UNITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines XYCODONE/ACETAMINOPHEN (PERCOCET: GENERIC AVAILABLE).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81. Decision based on Non-MTUS Citation Opioid Treatment Guidelines from the American Pain Society and the American Academy of Pain Medicine.

Decision rationale: The prior adverse determination was reviewed. The notes describes the fact "pain levels remain unchanged". There has not been any VAS scores. The Dr. notes that the patient is taking medications as prescribed and that they are working well without side effects. The date of injury is 2001. There had been a prior modification for a one-month supply to allow taper by 10% per week. Patient is seen on a monthly basis. There are no discussions regarding urine drug screens, compliance, or CURES reports. California 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. The guidelines do not recommend long-term treatment with opiates and in this case, the date of injury is 2001. The patient continues with Percocet, Lidoderm, and Tizanidine. In this case, the recommendation for tapering is upheld and was modified to 90 tablets without refills. The request here includes two refills with is not medically necessary.