

Case Number:	CM14-0018857		
Date Assigned:	02/21/2014	Date of Injury:	10/11/1996
Decision Date:	08/04/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/14/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 58-year old male who has submitted a claim for post laminectomy syndrome of the cervical region associated with an industrial injury date of 10/11/96. Medical records from 2013 were reviewed. The patient complains of persistent, moderate pain on the lower back and neck, radiating to the right arm and right thigh. He describes the pain as aching, burning, piercing, sharp, shooting, stabbing, and throbbing discomfort associated with numbness. The pain is aggravated by activities of daily living and change in positions, and relieved by ice, rest, and pain medications. The latest physical examination findings showed decreased sensory function on the right upper extremity: deltoid patch, lateral forearm, 1st web space, thumb/index, middle finger, ulnar hand, medial forearm, and medial arm; and cervical range of motion: extension 40 degrees, flexion 35 degrees, lateral flexion 20 degrees and rotation 45 degrees. Spurling's test on the right was positive, causing pain on the right shoulder, and on the left was negative. Treatment to date has included oral pain medications Diazepam, Hydrocodone Bit/Acetaminophen, Trazodone, Omeprazole, Salonpas, Aspirin, Diphenhydramine, and Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325MG #90: Upheld

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

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

Decision rationale: According to page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Norco since March 2013. A progress report from 12/12/13 cited that the patient will undergo dental surgery, hence, Norco will be discontinued and Percocet will be initiated. However, there was no further discussion as to why this change in medications should be implemented when patient reported pain relief and improved functional activities with Norco use. The medical necessity was not established. Therefore, the request is not medically necessary.