

Case Number:	CM14-0111853		
Date Assigned:	09/16/2014	Date of Injury:	03/05/2010
Decision Date:	10/15/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/17/2014

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 Acupuncture & Pain 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:

57y/o male injured worker with date of injury 3/5/10 with related neck, low back, and right shoulder pain. Per note dated 7/30/14, the injured worker reported neck, shoulder, and low back pain with radiation to the right lower extremity. Presence of temperature change in the right upper extremity was noted. Per physical exam mild swelling was noted in the right shoulder, motor exam showed decreased strength of the extensor muscles and the flexor muscles in the right upper extremity. Treatment to date has included physical therapy, acupuncture and medication management. The date of UR decision was 6/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "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. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking 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." Review of the available medical records reveals documentation to support the medical necessity of Percocet. Per 7/30/14 authorization appeal, additional documentation not available to the UR physician was submitted noting that the injured worker has signed and complied with an opioid Pain Treatment Agreement, has not exhibited "red flags" of potential abuse, that the medication has been effective in maintenance of function (self ADL) which was an improvement in function compared to baseline status. I respectfully disagree with the UR physician's assertion that the medical records did not contain this information. The request is medically necessary.