

Case Number:	CM14-0120467		
Date Assigned:	08/06/2014	Date of Injury:	01/20/1999
Decision Date:	09/18/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/30/2014

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 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:

The injured worker is a 49 year old female who sustained an injury on 01/20/99. No specific mechanism of injury was noted. The injured worker has been previously treated with multiple epidural steroid injections for continuing complaints of neck pain. These provided 75% relief of symptoms for between 1 and 2 months. The injured worker was also being provided multiple medications to include Dilaudid 2mg twice daily for severe pain and Percocet 5/325mg 3 times a day for baseline pain control. The injured worker was also utilizing Soma, Valium, and Zofran. The injured worker was being followed by pain management and the clinical report from 06/06/14 noted continuing complaints of neck pain radiating to the bilateral trapezii and clavicles. The injured worker reported that with medications her pain was between 6 and 7/10 which increased to 8-9/10 without medications. The injured worker felt that her epidural steroid injections provided approximately 1-2 months of relief. Physical examination noted diffused tenderness to palpation in the bilateral trapezius and interscapular areas with limited cervical range of motion. There was also restricted range of motion noted in the lumbar spine with diffused hypoesthesia in the bilateral hands. There was also hypoesthesia noted in the left posterior leg from the calf to the heel. It is noted the injured worker had a prior anterior cervical fusion at C5-6. The injured worker was recommended to continue with medications at this evaluation. The injured worker's follow up on 07/08/14 noted no change in the injured worker's pain scores. The injured worker's physical examination findings were also unchanged. Pain medications were continued to include Dilaudid and Percocet. The requested Percocet 5/325mg, quantity 90 was denied by utilization review on 07/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 5/325MG #90 AS AN OUTPATIENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the ongoing use of Percocet, this reviewer would not have recommended this request as medically appropriate. The clinical documentation submitted for review did not document any clear substantial pain relief with the use of this medication. The injured worker's pain scores were only minimally improved with the use of Percocet as well as Dilaudid. The clinical documentation submitted for review did not identify any specific functional improvements and there was no indication of any recent urine toxicology results or other compliance measures for this medication. Given that guidelines do recommend ongoing assessments demonstrating the efficacy of short acting narcotics such as Percocet in terms of pain relief and functional improvement and as this is not documented in the clinical reports provided for review, this reviewer would not have recommended this request as medically necessary.