MAXIMUS Federal Services

Case Number:	CM14-0130891		
Date Assigned:	08/20/2014	Date of Injury:	03/28/2012
Decision Date:	10/01/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/15/2014

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 Internal 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 male who had a work related injury on 03/28/12. The mechanism of injury is not documented. The most recent clinical documentation submitted for review is dated 07/17/14. The injured worker is back in for re-evaluation treatment of injuries she sustained during the course of his occupation as a tow truck driver, while employed at [redacted]. He is being seen in regards to his bilateral shoulders, lumbosacral spine and his bilateral knee complaints. He has been taking medication on a regular basis which seems to help and not had any bad side effects. Physical examination notes that he is 5'10" and weighs 204 pounds. He is limping, secondary to knee pain. Examination of the lumbosacral spine notes the injured worker has tenderness over the paravertebral area. Range of motion is limited in flexion, extension, bilateral lateral flexion. There is muscle guarding noted on range of motion. He has a positive Kemp test bilaterally. He also has positive straight leg raising on the left. Knee examination notes tenderness to palpation over the medial and lateral joint line bilaterally as well as the right patella. He has positive McMurray's test bilaterally. He also has positive anterior drawer test on the right knee. He has negative posterior drawer test. Diagnoses are cervical sprain/strain, suspected cervical spine discogenic disease, right shoulder sprain/strain with impingement syndrome, right shoulder partial thickness tear of the supraspinatus with retraction, status post left shoulder surgery, left shoulder full thickness tear of the supraspinatus tendon, thoracic spine pain, lumbar spine pain, left hip sprain/strain, right knee internal derangement, status post left knee arthroscopy with left knee degenerative joint disease, lumbar spine degenerative disc disease at L1-L5, right knee lateral meniscal tear, right knee possible tear of the anterior cruciate. In reviewing the documentation submitted, it did not demonstrate any aspects of significant functional improvement with the use of Percocet. The injured worker

reported an increase in neck and low back pain from 8/10 to 9/10 since his previous visit. Prior utilization review on 08/06/14 was modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. The documentation does not indicate a significant decrease in pain scores with the use of medications. Therefore medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.