

Case Number:	CM14-0137415		
Date Assigned:	09/05/2014	Date of Injury:	08/02/2012
Decision Date:	09/25/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/25/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 57-year-old with a reported date of injury of 08/02/2012. The patient has the diagnoses of cervical pain, thoracic back pain, chronic pain syndrome cervical radiculopathy, shoulder pain, left knee pain, left ankle pain, and displacement of a lumbar intervertebral disc without myelopathy. Past treatment modalities have included left shoulder surgical intervention. Per the primary treating physician's progress report dated 08/13/2014, the patient had complaints of left knee and left ankle pain. The previous trial of Cymbalta was not helpful. The physical exam noted the patient to be alert and oriented, but no other specific exam details were given. Treatment recommendations included continuation of pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment for Workers' Compensation (TWC), 2014, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-84.

Decision rationale: The long-term use of this medication is not recommended by the California MTUS Chronic Pain Medical Treatment Guidelines. Continuation of medication is indicated when there is a return to work or adequate documentation of improved functioning and pain on the medication. The provided documentation by the primary treating physician fails to quantitatively or qualitatively note improvement of function with use the medication. The patient has also not returned to work. The criteria as set forth in the guidelines for on-going use of opioids have not been met. For this reason the continued use of the medication is not recommended as medically necessary.