

Case Number:	CM14-0138110		
Date Assigned:	09/05/2014	Date of Injury:	11/21/2012
Decision Date:	09/26/2014	UR Denial Date:	08/05/2014
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 Physical Medicine and Rehabilitation 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:

This 47 year-old patient sustained an injury on 11/21/12 while employed by [REDACTED]. Request(s) under consideration include Percocet 10/325 #90. Diagnoses include cervical degenerative disc disease/ radiculitis/ spinal stenosis; lumbar degenerative disc disease. Report of 7/23/14 from the provider noted the patient had undergone recent bilateral C5-6 transforaminal epidural steroid injection which helped for about 3 weeks, able to reduce the Percocet on average of 3-4/day to 2-3/day. The patient has ongoing complaints of paresthesias of right ulnar region after flexing her elbows and electrodiagnostics were recommended prior to surgical intervention. Pain was rated at 6-7/10 without medications and 1-2/10 with medications which listed Oxycodone, Cymbalta, Wellbutrin, and Gabapentin. Exam showed tenderness at left cervical paraspinals; decreased range in all planes with intact neurological findings. The patient remained not working. Percocet had been previously peer-reviewed on 11/4/13 and 4/18/14 with non-certification due to a lack of measurable functional improvement; however, Tramadol 150 mg and Percocet were certified for 1 month use to allow for weaning on 6/11/14. The request(s) for Percocet 10/325 #90 was non-certified on 8/5/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Percocet 10/325 #90 is not medically necessary.