

Case Number:	CM14-0150172		
Date Assigned:	09/18/2014	Date of Injury:	04/09/2008
Decision Date:	10/24/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/15/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 61-year-old female who reported an injury on 04/09/2008. The mechanism of injury was the injured worker was moving a king size mattress. The prior treatments included cervical facet blocks, radiofrequency ablations, lumbar epidural steroid injections, physical therapy, cognitive behavioral therapy, activity modification, and medications. The injured worker's medications included Percocet 5/325 mg twice a day, Lyrica, Nexium, Voltaren 1% gel, and Lunesta. The injured worker underwent an MRI of the lumbar spine and an EMG/NCV of the bilateral lower extremities. The injured worker was utilizing a TENS unit. The injured worker underwent urine drug screens. The documentation of 06/02/2014 revealed the injured worker's pain with medications was 7/10. Without medications it was 9/10. There were no new problems or side effects. The quality of sleep was poor. The injured worker was noted to have allergies to morphine and related Vicodin. The injured worker indicated that the medication she was taking was not adequately addressing her pain needs and she would like to try a different medication. The injured worker was noted to undergo periodic random drug screens. A prescription was written for Percocet 5/325 mg tablets, one twice a day as needed. There was a lack of documented rationale for the requested medication. There was a Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 86 and 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain Page(s): 60.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. The clinical documentation submitted for review indicated the injured worker had pain that was not being controlled with the current medications which did not include opiates. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Percocet 5/325 mg #50 is not medically necessary.