

Case Number:	CM14-0150953		
Date Assigned:	09/19/2014	Date of Injury:	05/02/2013
Decision Date:	10/24/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/16/2014

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 Texas and Ohio. 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 60-year-old male who reported an injury on 05/02/2013. The mechanism of injury was not submitted for clinical review. The diagnoses included cervicalgia, cervical radiculopathy, cervical disc protrusion, lumbar radiculopathy, lumbar facet dysfunction, opioid dependence, and chronic pain. The previous treatments included medication, x-ray, MRI, and EKG. Within the clinical note dated 08/13/2014 it was reported the injured worker complained of a headache, neck pain, low back pain, and bilateral hip pain. The injured worker reported sleep difficulties. On the physical examination, the provider noted the injured worker had a positive straight leg raise, Patrick's test, and facet loading. Sensation was noted to be decreased to light touch in the right lower extremity. There was tenderness to palpation noted over the cervical paraspinal muscles, upper trapezius muscles, scapular border, and lumbar paraspinal muscles. The provider requested Percocet. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Pain (Chronic), updated 07/10/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management, Page(s): 78. .

Decision rationale: The request for Percocet 10/325mg #60 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the use of a urine drug screen was not submitted for clinical review. Therefore, the request is not medically necessary.