

Case Number:	CM14-0153659		
Date Assigned:	09/23/2014	Date of Injury:	03/20/1998
Decision Date:	11/24/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/19/2014

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 & 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 56-year-old female who reported an injury on 03/20/1998. The mechanism of injury was not provided. This was noted to be an ongoing medication. The injured worker underwent urine drug screens. The injured worker was utilizing opioids as of at least 03/2014. The prior treatments included medication, home exercise, and surgical intervention. The injured worker's diagnosis included cervicalgia, cervical radiculopathy, status post cervical fusion, left shoulder glenohumeral ligament laxity, carpal tunnel syndrome, anxiety, depression, insomnia, and chronic kidney disease. The documentation of 07/21/2014 revealed the injured worker had complaints of neck and hip pain. The injured worker indicated the medications were helping with pain. The physical examination revealed sensation was decreased to light touch with tingling into the hands. The strength test was within normal limits. There was tenderness to palpation over the cervical paraspinal musculature, upper trapezius muscles and scapular border. The Tinel's test was positive in the bilateral wrists and elbows. The injured worker underwent an x-ray of the right hip which revealed questionable calcification in the right greater trochanter, but no evidence of degenerative joint disease. The treatment plan included a refill of medications, including Percocet 7.5/325 mg #60 every 12 hours as needed. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 7.5/325 Mg Q 12 hrs #60 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Oxycodone/acetaminophen Page(s): 97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, and objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behaviors and side effects. The clinical documentation submitted for review indicated the injured worker had utilized opioids as of at least 03/2014. The injured worker was being monitored for aberrant drug behavior. There was, however, a lack of documentation indicating objective functional improvement, an objective decrease in pain, and documentation of whether the injured worker was having side effects or not. The clinical documentation failed to indicate a necessity for 1 refill without re-evaluation. Given the above, the request for Percocet 7.5/325 Mg Q 12 hrs #60 with one refill is not medically necessary.