

Case Number:	CM14-0153905		
Date Assigned:	09/23/2014	Date of Injury:	07/25/1997
Decision Date:	10/30/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/22/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 63-year-old female who reported an injury on 07/25/1997. The mechanism of injury, surgical history and prior therapies were not provided. The diagnosis included depressive disorder NEC. Documentation of 08/25/2014 revealed the injured worker had stress levels and anxiety that had worsened. The physician documented this was due to the tramadol being denied. The documentation indicated the injured worker was still trying to be active. The documentation indicated the Butrans patch was being utilized for control. The office note was handwritten and difficult to read. The subjective complaints were handwritten and difficult to read. The injured worker's medications were noted to include diphenhydramine as needed for allergies, Xopenex HFN inhaler as needed, Butrans 10 mcg per hour every 7 days, tramadol 50 mg 1 every 6 to 8 hours as needed for pain and Percocet 10/325 mg 2 daily. The diagnosis included chronic pain state involving the bilateral upper and lower extremities and neck and upper and lower back regions. A request was made for a psychology consult, Percocet 10/325 #60, tramadol 50 mg 1 every 6 to 8 hours, and Butrans 10 mg 1 patch every 7 days. There was no documented rationale for the request. There was a detailed Request for Authorization submitted for review dated 08/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Percocet 10/325 mg, 1 tab every 6-8 hours PRN, quantity # 60 for the management of chronic pain for symptoms related to Cervical Spine, Thoracic Spine, Lumbar Spine, Upper Extremity Multiple Injury and Lower Extremity Multiple Injury.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to meet the above criteria. There was a lack of documentation of objective functional benefit and an objective decrease in pain. There was a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior and side effects. The duration of use could not be established through supplied documentation. Given the above, the request for 1 Percocet 10/325 mg, 1 tab every 6-8 hours PRN, quantity # 60 for the management of chronic pain for symptoms related to Cervical Spine, Thoracic Spine, Lumbar Spine, Upper Extremity Multiple Injury and Lower Extremity Multiple Injury is not medically necessary.