

Case Number:	CM14-0184357		
Date Assigned:	11/12/2014	Date of Injury:	07/11/2007
Decision Date:	12/15/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	11/05/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 52 year old who had a work injury dated 7/11/07. The diagnoses include lumbar sprain/strain with lumbar degenerative joint disease with left radicular symptoms. History of disc herniation at L5-S 1. (2) bilateral hip pain. (3) History of right shoulder girdle sprain/strain with chronic tendinopathy. Under consideration is a request for Percocet 5/325mg #100. A 9/18/14 progress note states that the patient is reporting sharp stabbing pain in his back and shooting into his left buttock and left leg. He is using a cane again for ambulation. He reports persisting right shoulder pain and inability to sleep on his shoulder, raise his arm at or above shoulder height. He remains on Social Security disability, does not work. He reports 50% reduction in his pain with the medications versus not taking them at all, 50% functional improvement with activities of daily living. He rates his pain today about an 8/10, at best a 4/10 with his medications, a 10/10 without them. On examination he is afebrile. Lower back exam reveals limited range. He can forward flex 30 degrees, extend 10 degrees. Right and left SLRs are both 80 degrees, causing left-sided back pain that radiates in the left buttock and posterior thigh. There is an absent left Achilles reflex, + 1 on the right, +I at the bilateral knees. He reports sensory loss to light touch and pinprick in the left lateral calf and bottom of his foot. He ambulates with a limp with the left lower extremity. Right shoulder exam reveals limited range. He can laterally abduct 140 degrees, full forward flex 130 degrees, extend 30 degrees, internally and externally rotate 30 degrees with a positive impingement sign. There is crepitus on circumduction passively of the shoulder joint. The provider refilled Elavil 10 mg h.s. for neuropathic leg pain, 30 tablets; Mobic 15 mg daily for inflammation and pain, 30; Percocet 5/325 mg tabs, 1 tablet q. 4-6 hours p.r.n. pain, 100 tablets. The patient is under a narcotic contract with our office. Urine drug screens have been appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement; therefore, the request for Percocet is not medically necessary. Furthermore, per documentation a prior utilization review (review IH094238) non-certified the Percocet because weaning should have been complete. The documentation indicates that the patient has been on this medication since at least 2012 without significant improvement in pain or function. Percocet 5/325 mg #100 is not medically necessary.