

Case Number:	CM14-0022406		
Date Assigned:	05/09/2014	Date of Injury:	01/09/1997
Decision Date:	07/10/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/21/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 51 year old female who was injured on 1/9/97. She was later diagnosed with chronic neck and bilateral shoulder and arm pain, multilevel cervical degenerative disc disease, and chronic low back pain. She was treated with surgery (cervical fusion, lumbar spine), oral opioids, sleep aids, and muscle relaxants. She was seen by her primary treating physician on 1/29/14 complaining of increased pain in her neck and shoulders beyond her usual chronic pain levels, and it was stated that this was related to her increase in abdominal girth. She was not using Percocet at the time, but had reported using this medication in the past and requested it to treat her pain. Her physician noted that the worker was able to ambulate and transfer without guarding or stiffness and had normal strength. Her reflexes were noted as being decreased in the upper extremities and normal sensation. She was slightly tender to palpation of her right neck with decreased but functional neck range of motion. She was prescribed Percocet 5/325 mg #90 1 every hour with instructions to seek out the HELP program to develop pain control strategies, which the worker was willing to do.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 5/325MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-77.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that the criteria for an opioid trial includes exhausting reasonable alternatives of non-opioid medications and therapies, gather baseline pain and functional assessments before initiating, risks and benefits of the drugs should be discussed with the patient. In this case, the worker was experiencing what seemed to be mild exacerbation of her chronic pain related to her gaining weight. Examination was not remarkable to suggest she was exhibiting any worsening beyond her baseline. No documentation was seen in the notes provided, discussing non-opioid options besides the HELP program and no functional and pain level baseline was assessed in order to compare at a later date. Due to her seemingly mild exacerbation, other treatments should have been considered and discussed, and it may be that she only would need the HELP program and weight loss from lifestyle changes in order to reduce her pain level, which would be first-line therapy. Therefore, the Percocet 5/325 mg, #90 is not medically necessary.