

Case Number:	CM14-0025773		
Date Assigned:	06/20/2014	Date of Injury:	12/03/1989
Decision Date:	07/30/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/28/2014

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 Anesthesiology, 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 55-year-old male with a reported date of injury on 12/03/1989. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include chronic pain, depressive disorder, chronic lumbago, migraines and generalized pain. His previous treatments were noted to include medications. The progress note dated 01/06/2014 reported that the injured worker complained of chronic pain and reflex sympathetic dystrophy of both hands. The injured worker indicated that the pain in his hands had not changed over a 3 month period. There was a lack of documentation regarding a physical examination that was performed. The medications were noted to include Percocet 5/325 mg 1 tablet 3 times a day, citalopram 20 mg by mouth, omeprazole 20 mg DR by mouth, tamsulosin 0.4 mg 1 at bedtime, amitriptyline 100 mg, GlycoLax as directed, alprazolam 0.5 two daily, AcipHex 20 mg by mouth, Lotensin 10 mg by mouth, Toprol XL 50 mg ER by mouth, warfarin 1 mg daily, warfarin 3 mg daily, Nitrostat 0.4 mg and carisoprodol 350 mg. The Request for Authorization form dated 02/06/2014 is for Percocet 5/325 mg due to algoneurodystrophy to his bilateral arms/hands.

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 Percocet.

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

Decision rationale: The request for Percocet 5/325 mg #90 is not medically necessary. The injured worker has been taking this medication since at least 10/2013. According to the California MTUS Chronic Pain Medical Treatment Guidelines, the ongoing use of opiate medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects and aberrant drug-taking behaviors, should be addressed. There is a lack of documentation regarding evidence of decreased pain on a numerical scale, improved functional status and side effects, and it is unclear as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to the lack of evidence of significant pain relief, increased functional status, absent side effects and without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behavior; the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.