

Case Number:	CM14-0035908		
Date Assigned:	06/23/2014	Date of Injury:	08/23/2011
Decision Date:	08/21/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/24/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 50-year-old male who reported an injury on 08/23/2011. The diagnosis was brachial neuritis or radiculitis NOS. The mechanism of injury was cumulative trauma. Prior medications included Percocet as of late 2013. The prior treatments included an epidural steroid injections, medial branch blocks and physical therapy. Prior studies included MRIs, electrodiagnostic studies, and x-rays. The documentation of 03/07/2014 revealed the injured worker was working fulltime. The injured worker's pain was 3/10 to 5/10. The injured worker indicated the functional abilities remained the same. The treatment plan included Percocet 5/325 mg. The diagnosis was cervical radiculopathy. The injured worker underwent an MRI of the cervical spine and electrodiagnostic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds x 1: Percocet 5-325mg 1-2 tablets every 8 hrs prn #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 92.

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

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and documentation of an objective decrease in pain. There should be documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior. The injured worker was utilizing the medication since at least late 2013. There was not enough documentation of objective functional improvement and an objective decrease in pain with the use of the medications. There was not enough documentation indicating the injured worker was being monitored from side effects from the medication. Given the above, the request for Meds x 1: Percocet 5-235, 1-2 tablets every 8 hours prn #30 is not medically necessary.