

Case Number:	CM14-0045090		
Date Assigned:	06/25/2014	Date of Injury:	01/13/2010
Decision Date:	07/28/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/28/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 58 year old female injured on 01/13/10 as a result of a slip and fall. The injured worker incurred injuries to her neck, knee, and head. The injured worker underwent surgical intervention to the cervical spine and left knee following the initial injury. Current diagnoses included neck pain, thoracic spine pain, lumbar spine pain, left knee pain status post anterior cruciate ligament (ACL) and meniscal repair on 10/20/11, depression and anxiety, non-industrial breast cancer, chronic left C5 radiculopathy, and mild right carpal tunnel syndrome. Clinical note dated 01/09/14 indicated the injured worker presented complaining of persistent neck pain radiating to bilateral upper extremities, right greater than left. The claimant also complained of persistent low back pain radiating to the right lower extremity mainly through the lateral thigh and knee. The claimant rated her pain 7/10 on the visual analog scale without medications and 5/10 on the visual analog scale with. Medications utilized include Relafen for inflammation, Cymbalta for pain and depression treatment, Xanax for spasms, and baclofen. Zanaflex made the injured worker dizzy. Current medications included Percocet 5-325mg one to two once daily, Relafen 750mg twice daily, Cymbalta 30mg twice daily, baclofen 20mg as needed, and Zanaflex 4mg twice daily. There were no objective findings provided for review. The initial request for Percocet 5/325mg quantity unknown was non-certified on 03/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg (quantity unknown): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, state that patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. Therefore, the request for Percocet 5/325mg is not medically necessary and appropriate.