

Case Number:	CM14-0054227		
Date Assigned:	07/07/2014	Date of Injury:	02/13/2001
Decision Date:	10/01/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/23/2014

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 Orthopedic Surgery and is licensed to practice in California. 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 records presented for review indicate that this 69-year-old gentleman was reportedly injured on February 13, 2001. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 24, 2014, indicates that there are ongoing complaints of neck pain, bilateral upper extremity pain, and left shoulder pain. Current medications include Tizanidine, Percocet, Neurontin, Ibuprofen, Lidoderm patches, Terocin lotion, and Pennsaid. The physical examination demonstrated decreased cervical spine range of motion and tenderness over the trapezius. There was a positive Spurling's test to the left upper extremity. Examination of the lumbar spine also noted decreased range of motion and tenderness over the paravertebral muscles with trigger points. There was tenderness over the left elbow olecranon bursa and tenderness of the left hip greater trochanteric. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a cervical medial branch block, the use of a TENS unit and oral medications. A request had been made for Percocet 10/325, 90 tablets for weaning over three months and was non-certified in the pre-authorization process on March 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10-325 three times a day #90 for weaning over 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Although the progress note dated April 4, 2014 states that the injured employee has an objective decrease of his pain and increased ability to perform activities of daily living with the usage of Percocet, the injured employees stated date of injury was over 12 years ago. The attached medical record indicates that the injured employee has been taking Percocet for an extended period of time. While this medication is recommended for weaning, Percocet has only been used on a PRN basis and should not take three months for successful weaning to occur. As such this request for Percocet 10/325 3 times a day, 90 tablets, for weaning over three months is not medically necessary.