

Case Number:	CM14-0074025		
Date Assigned:	07/16/2014	Date of Injury:	10/16/1992
Decision Date:	09/29/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/21/2014

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 Occupational Medicine 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 patient is a 63 year old female who sustained an injury on 10/16/1992. The mechanism of injury is unknown. Drug panel dated 01/24/2014 and 05/05/2014 revealed the patient to be consistent with compliance and exhibited no drugs of abuse. Progress report dated 01/24/2014 documented the patient to have complaints of low back pain, right lower extremity pain, right hand pain, numbness and tingling of fingers. She reported the Percocet helps to control the pain. She rates her pain as 5-/10 at its best and 9/10 at its worst. On exam, she has diffuse tenderness over the cervical area. Range of motion is slow due to the pain. Phalen and reverse tests are positive bilaterally. There is tenderness to palpation over the 1st CMCP joint still. She has moderate tenderness over the right SI joint with positive Fabre and Patrick test. Straight leg raise is positive on the right side at 45 degrees. Lumbar forward flexion is 100 degrees and hyperextension is 10 degrees. She is diagnosed with lumbar facet arthropathy; lumbar radiculopathy; SI joint dysfunction; cervical discogenic spine pain; carpal tunnel syndrome; CMC joint arthritis; and degenerative disk disease of the lumbar spine. The patient will be continued on Percocet 10/325 mg, Topamax, and Omeprazole. Prior utilization review dated 05/05/2014 states the request for Percocet 10-325mg 1 every 4-6 hours as needed; max 3/day is modified to certify Percocet 10-325 #30 as it is not recommended to abruptly discontinue the use of opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10-325mg 1 every 4-6 hours prn, max 3/day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to MTUS guidelines, opioids are recommended for moderate to severe pain. Efficacy of long-term opioid use for chronic non-malignant pain is not clearly established. In this case, a request is made for Percocet for a 63-year-old female injured on 10/16/92 with chronic low back pain among other musculoskeletal complaints. However, provided records fail to demonstrate clinically significant functional improvement, including reduction in dependency on medical care, due to opioid use. Therefore, this request is not medically necessary.