

Case Number:	CM14-0074482		
Date Assigned:	07/16/2014	Date of Injury:	11/24/1999
Decision Date:	08/22/2014	UR Denial Date:	04/28/2014
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 Physical Medicine & Rehabilitation, and is licensed to practice in Nevada. 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 44-year-old female who was reportedly injured on November 24, 1999. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated April 21, 2014, indicated that there were ongoing complaints of neck pain, back pain, bilateral knee pain, as well as complex regional pain syndrome of the right upper extremity. Pain stated to be 10/10 without medications and 5/10 with medications as well as improvement with activities of daily living. Current medications include fentanyl patches, morphine sulfate, and Percocet. The physical examination demonstrated midline cervical spine tenderness and decreased cervical spine range of motion. There were muscular atrophy and allodynia over the right upper extremity. Examination of the lumbar spine noted diffuse tenderness and decreased lumbar spine range of motion. There was decreased sensation at the left L5 dermatome, as well as decreased strength of the extensor hallucis longus, peroneus longus, and peroneus brevis. Diagnostic imaging studies of the lumbar spine noted a Grade I spondylolisthesis of L4 on L5 with an L4 pars defect. A request had been made for Percocet and was not certified in the pre-authorization process on April 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription for Percocet 10/325 mg #90.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/acetaminophen (Percocet; generic available); Recommendations for general conditions; Weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 74-78.

Decision rationale: According to the medical record, the injured employee is currently prescribed fentanyl, morphine sulfate and Percocet totaling a dosage of over 300 morphine equivalents each day. This is far in excess of the recommended 120 morphine equivalents. Considering this, it is unclear why there is a request for Percocet in addition to the already prescribed morphine and fentanyl patches. Therefore, this request for Percocet is not medically necessary.