

Case Number:	CM14-0077709		
Date Assigned:	07/18/2014	Date of Injury:	12/17/2009
Decision Date:	09/18/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/27/2014

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 and 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 records presented for review indicate that this 42-year-old was reportedly injured on December 17, 2009. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 8, 2014, indicates that there are ongoing complaints of neck pain, low back pain, thoracic back pain, and shoulder pain. Current medications include Percocet, lorazepam, and Cymbalta. The physical examination demonstrated decreased cervical and lumbar spine range of motion. There was tenderness of the midthoracic spine and decreased sensation at the L4, L5, and S1 dermatomes bilaterally. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a shoulder arthroscopy and a C4 - C5 disk replacement. A request had been made for Percocet and was not certified in the pre-authorization process on May 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg 180 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 74,78,93.

Decision rationale: The Chronic Pain Medical Treatment Guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Percocet 10/325 mg 180 count is not medically necessary or appropriate.