

Case Number:	CM14-0078834		
Date Assigned:	07/21/2014	Date of Injury:	06/02/1997
Decision Date:	09/09/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	05/29/2014

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 California and 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 34 year old male who sustained multiple injuries as a result of a workplace event occurring on 06/02/97. The specific mechanism of injury is not described. He is noted to have neck pain with radiation to the bilateral upper extremities; bilateral knee pain and back pain. Treatment has included physical therapy, chiropractic, oral medications, an Anterior Cervical Discectomy and Fusion from C3 to T3, bilateral carpal tunnel releases, and right shoulder surgery. He is noted to have undergone medial branch blocks for occipital headaches with 100% relief on 09/16/12. The records indicate that the injured worker has been maintained on opiate medications. The records contain a utilization review determination dated 05/28/14 in which a request for Percocet 10/325 mg was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10-325mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The records do not provide any data to quantify the nature and degree of relief achieved with opiate medications. The record does not provide any data indicating that the injured worker has a signed pain management contract. There is no documentation of functional improvements while on opiate medications. The record does not discuss or contain any urine drug screen reports to assess compliance with the medication profile. As such, the injured worker would not meet criteria for chronic opiate use per California Medical Treatment Utilization Schedule. Based on the submitted clinical data, the request is not medically necessary.