

Case Number:	CM14-0085959		
Date Assigned:	07/23/2014	Date of Injury:	10/06/2004
Decision Date:	09/23/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/09/2014

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 Texas. 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 57 year old male injured on 10/06/04 when assaulted by an inmate resulting in loss of right eyeball with right eye prosthesis, post-traumatic headaches, and occipital neuralgia, chronic myofascial pain syndrome of the cervical and thoracolumbar spine, and moderate peripheral neuropathy. Clinical note dated 05/14/14 indicated the injured worker presented complaining of constant intractable upper and low back pain well controlled with current medications with the ability to perform activities of daily living. However, injured worker reported current condition impacting sleep and enjoyment of life and severely impacting general activity and ability to concentrate and interact with other people. The injured worker reported remaining depressed and anxious rating depression 9/10. The injured worker continued ambulating with assistance of cane and had not returned to work. Physical examination revealed prosthetic right eye, moderately restricted range of motion of the thoracic spine and lumbar spine in all planes, multiple myofascial trigger points and taut bands throughout the cervical paraspinal, trapezius, levator scapular, scalene, infraspinatus, thoracic, lumbar paraspinal musculature, and gluteal musculature, inability to heel toe gait with right leg, decreased sensation to fine touch and pin prick in the dorsum of the right foot, dorsiflexion and plantarflexion decreased 4/5 in right foot, and ankle jerk absent on the right. Prescriptions for Percocet and Norco provided. The initial request for Norco 10/325 #200 and Percocet 10/325 #200 was non-certified on 05/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #200: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, Norco 10/325 #200 is not medically necessary.

Percocet 10/325 #200: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, Percocet 10/325 #200 is not medically necessary.