

Case Number:	CM14-0179564		
Date Assigned:	11/20/2014	Date of Injury:	08/10/1994
Decision Date:	01/14/2015	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/29/2014

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 Family Medicine and is licensed to practice in New Jersey and New York. 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 female who was injured on 8/10/94 by unknown mechanism. She complained of lower back pain and neck pain. On exam, she had bilateral positive Tinel's and Phalen's with positive hand shake test on left, tender lumbar paraspinal muscles, and positive straight leg raise on the right. A 8/2011 MRI showed lumbar disc bulges, mild recess stenosis, and mild narrowing of the right L5 neural foramen. She was diagnosed with lumbosacral strain/arthrosis, discopathy with neuroforaminal stenosis, lumbar spine radiculitis, cervicothoracic strain/arthrosis/discopathy, left shoulder impingement syndrome, and status post right and left carpal tunnel release. Her treatment included physical therapy, home exercise program, epidural steroid injections, medications, trigger point injections, and acupuncture. In this limited chart, the current request is for continued use of Percodan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percodan 5 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Percodan is not medically necessary. The patient has been taking Percodan for lumbar and neck pain. The limited chart with some illegible hand-written notes does not provide any objective documentation of improvement in pain and function with the use of percodan. There are no documented urine drug screens or drug contracts, or long-term goals for treatment. The 4 A's of ongoing monitoring were not adequately documented. The patient had continued pain and it was unclear what kind of relief percodan provided for the chronic back pain. Because there was no documented improvement in pain or evidence of objective functional gains with the use of percodan, the long-term efficacy for chronic back pain is limited, and there is high abuse potential, the risks of percodan outweigh the benefits. Therefore, the request is considered not medically necessary.