

Case Number:	CM14-0205277		
Date Assigned:	12/17/2014	Date of Injury:	12/01/2004
Decision Date:	02/12/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/08/2014

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 Occupational Medicine and is licensed to practice in California. 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:

Patient is a 56 year-old female with date of injury 12/01/2004. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/11/2014, lists subjective complaints as pain in the neck with radicular symptoms down the bilateral upper extremities. Objective findings: Examination of the cervical spine revealed tenderness to palpation of the paraspinals and decreased range of motion. No other physical examination findings were documented by the requesting physician. Diagnosis: 1. Cervical radiculopathy. Original reviewer modified the medication request to Percocet 10/325, #90 for weaning purposes. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as six months. Medication: 1. Percocet 10/325mg, #180 SIG: 1-2 tabs every 6-8 hours.

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 d/s 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Percocet, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Therefore, Percocet 10/325mg #180 d/s 30 is not medically necessary.