

Case Number:	CM14-0208906		
Date Assigned:	12/22/2014	Date of Injury:	10/18/2010
Decision Date:	02/18/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 48 year old female with date of injury 10/18/10. The treating physician report dated 10/30/14 (240) indicates that the patient presents with pain affecting the upper back, neck, and shoulder area. The patient complains of shooting pain down the arm. The physical examination findings reveal tenderness in the cervical facet joints, and right trapezius. Multiple trigger points are noted as well. Prior treatment history includes physical therapy, chiropractic treatments, acupressure, acupuncture, epidural blocks, ganglion blocks, and prescribed medications of Xanax, Ambien, Zoloft, hydrocodone, and Percocet. Current medication includes Ambien, Percocet, ibuprofen, gabapentin, alprazolam, and sertraline. The current diagnoses are: 1. Cervical spondylosis 2. Myofascial pain 3. Chronic pain syndrome The utilization review report dated 12/4/14 (7) denied the request for Percocet #120 with 3 refills (1 tab 4x a day) based on a lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet #120 with 3 refills (1 tab 4x a day): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid
Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the upper back, neck, and shoulder area. The current request is for Percocet #120 with 3 refills (1 tab 4x a day). The treating physician report dated 10/30/14 (240) states that the injured worker will be on chronic opioid therapy for some time due to the patient failing an FRP program, several injections, and surgery. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The reports provided show the patient has been taking Percocet since at least 6/11/2014 (43). The UR report dated 12/4/14 (7) notes that the treating physician gave the claimant a prescription for Percocet (11/17/14) 4 times a day for severe breakthrough pain and planned follow-up in a month. While it is noted in a report dated 12/05/14 (101) that the patient finds her medications do help with pain and function, there is no direct assessment of the patient's pain levels in any of the documents provided. In this case, no evidence of functional improvement has been documented and there are no records provided that document the patient's pain levels with and without medication usage and not all of the required 4 A's are addressed. The MTUS guidelines require much more documentation to recommend continued opioid usage. Recommendation is for not medically necessary.