

Case Number:	CM14-0208926		
Date Assigned:	12/22/2014	Date of Injury:	03/25/2002
Decision Date:	02/19/2015	UR Denial Date:	12/12/2014
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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 63 year old woman with a date of injury of 3/25/02. She was seen by her primary treating physician on 12/4/14 with complaints of cervical pain and bilateral radicular arm pain. She also had low back pain with radiation to her right leg and left shoulder pain. Medications were said to reduce pain with no adverse drug effects and no concerns with abuse or diversion. Her exam showed a normal gait. She had decreased sensation and grip strength in her right upper extremity, difficulty with cervical range of motion and low back pain with 4/5 lower extremity strength. She was tender to palpation over the cervical facet capsules with myofascial pain and right sided provocative maneuvers. Her diagnoses included status post three level cervical fusion with instability, increasing lumbosacral spinal pain with radiculopathy, myofascial pain with point tenderness and triggering and ropey fibrotic banding and numerous other medical comorbidities. Her medications included Cymbalta, Lyrica, Oxycontin, Percocet, Robaxin, Topamax and Topiramate. At issue in this review is the request for Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg QTY #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 89.

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

Decision rationale: This injured worker has chronic back, neck, shoulder, arm and leg pain with an injury sustained in 2002. The medical course has included numerous treatment modalities including surgery and use of several medications including narcotics, Lyrica and Cymbalta. Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 12/14 fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to Percocet to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Percocet is not substantiated in the records.