

Case Number:	CM14-0064894		
Date Assigned:	07/11/2014	Date of Injury:	02/19/2010
Decision Date:	01/26/2015	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/07/2014

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 Physical Medicine Rehab, has a subspecialty in Pain 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:

This is a patient with a date of injury of 2/19/10. A utilization review determination dated 4/18/14 recommends non-certification of Percocet. A 5/23/14 medical report identifies neck pain radiating down both arms and headache. Pain is 8/10 with medications and 9/10 without. No new problems or side effects. On exam, there is tenderness, limited ROM, positive lumbar facet loading, "glove distribution hypesthesia on soft touch and temp sensation" in the neck with "generalized give away weakness in the distal upper ext. on the right." There is 2-3/5 motor strength in various RUE muscles. There is decreased sensation and temperature sensation over various areas of the RUE. UDS (urine drug screen) was consistent. Percocet is said to reduce pain from 8/10 to 4/10 and she is able to do ADLs (activities of daily living) like shower, fix her hair, and do errands like grocery shopping independently. She states that these would be much more difficult without medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10-325mg #75 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Percocet, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is documentation that pain is reduced from 8/10 to 4/10, documentation of improved function, and consistent UDS. As such, the currently requested Percocet is medically necessary.