

Case Number:	CM15-0002391		
Date Assigned:	01/13/2015	Date of Injury:	02/28/2001
Decision Date:	03/16/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/06/2015

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, New York, Florida
 Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 54-year-old female who reported injury on 02/28/2001. The surgical history included a lumbar fusion. The documentation indicated the injured worker was utilizing Percocet since at least 06/2013. The mechanism of injury was not provided. The documentation of 06/04/2013 revealed the injured worker was recovering well from a recent motor vehicle accident. The injured worker was noted to have a fall in 07/2012 where she sustained a spiral fracture to the right tibia and fracture of the fibula. The injured worker was utilizing Percocet 5/325. Diagnoses included lumbago and spasm of muscle. The treatment plan included a continuation of Percocet #120 per month. The original date of request could not be established. There was no documentation from late 2013 to support a do not distribute until 01/06/2014 request. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Ongoing Management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of the above criteria. The request as submitted failed to indicate the frequency for the requested medication. The request as submitted failed to indicate the date for the requested Percocet. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Percocet 5/325 mg #90 is not medically necessary.

Percocet 5/325MG #90 Do not distribute until 1/6/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of the above criteria. There was a lack of documentation indicating a necessity for a do not distribute until 01/06/2014 date for the medication. The request as submitted failed to indicate the frequency for therapy requested medication. Given the above, the request for Percocet 5/325 mg #90 do not distribute until 01/06/2014 is not medically necessary.