

Case Number:	CM15-0107860		
Date Assigned:	06/12/2015	Date of Injury:	11/02/1998
Decision Date:	07/13/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/04/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 70 year old male who sustained an industrial injury on 11/2/98. The mechanism of injury is unclear. He currently complains of achy neck pain, achy pain in the arms with numbness in the last two digits of his hands. In addition he has achy left lower leg pain with burning and numbness in his feet. His pain level is 8-9/10 without pain medication and 2-3/10 with pain medication. He is independent in performing activities of daily living with medication assistance. Medications improve his ability to function. His medications are Percocet, Duragesic patch, Adderall, clonazepam, Cymbalta, Latuda and trazadone. Urine drug screen done 4/27/15 was consistent with prescribed medications. Diagnoses include shoulder pain; rotator cuff syndrome; low back pain; lumbar degenerative disc disease; chronic pain syndrome; cervical disc disease with fusion C3, 4, C5, 6; bilateral carpal tunnel syndrome; bilateral cubital tunnel syndrome. Treatments to date include medications with benefit; psychological therapy. Diagnostics include electrodiagnostic studies of bilateral upper extremities showed mild bilateral carpal tunnel syndrome and bilateral cubital tunnel syndrome. In the progress note dated 5/22/15 the treating provider's plan of care includes refill on Percocet 10/325 #120 as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/acetaminophen (Percocet), Opioids Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) 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 indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. In light of the above, the currently requested Percocet is medically necessary.