

Case Number:	CM15-0145484		
Date Assigned:	08/06/2015	Date of Injury:	03/01/1999
Decision Date:	09/09/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/27/2015

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is a 60 year old female with a March 1, 1999 date of injury. A progress note dated June 1, 2015 documents subjective complaints (increased neck pain; increased pain with flexion of the neck; pain in the left leg; pain in the upper shoulders and arms with numbness along the lateral aspect of the right upper arm), objective findings (antalgic gait; using a cane for assistance with ambulation; normal muscle tone without atrophy in all extremities), and current diagnoses (neck pain; pain in joint, shoulder, bilateral; pain in joint, forearm, bilateral wrists; pain in joint, lower leg, left knee). Treatments to date have included medications, physical therapy, total hip arthroplasty, exercise, and acupuncture. The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included Percocet 10-325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Percocet 10/325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, page(s) 76-96.

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records, the patient is experiencing quantifiable improvement with ongoing use of long-acting opioids such as the prescribed medication. VAS score have improved with noted improvement in objective physical exam findings and functional capacity. There has been no escalation, UDS have been requested, there are no reported side effects reported, and no reported concerns of abuse. Additionally the injured worker reports improvement of ADLs with current opioid prescription. Consequently continued use of long acting opioids is supported by the medical records and guidelines as being medically necessary.