MAXIMUS Federal Services

Case Number:	CM15-0181281		
Date Assigned:	09/22/2015	Date of Injury:	01/25/2004
Decision Date:	10/28/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/15/2015

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: 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:

The injured worker is a 49 year old female who sustained an industrial injury on 01-25-2004. According to a progress report dated 07-25-2015, the injured worker presented with acute pain in the cervical spine, headaches 3-4 times a week, right upper extremity pain and bilateral supraspinatus. Location of pain was noted as cervical spine and right wrist. Pain intensity was rated 8 out of 10. Associated symptoms included neck, right elbow, wrist and finger pain, grip weakness, related ulnar nerve surgery at elbow (rerouting of nerve) and numbness and tingling in the right upper extremity. Medications included Exalgo, Tizanidine, Clonazepam, Cephalexin and Norflex. Impression included acute and chronic pain neck secondary to degenerative disc disease and spinal stenosis, bilateral neuromas with recurrent elbow pain and completed surgeries (wrist release). Diagnoses included acute musculoskeletal injury, chronic pain and cervicalgia. Renewed prescriptions included Exalgo, Percocet, Lidoderm patches 5%, Gabapentin, Naproxen, Klonopin, Baclofen, Insulin and Norflex. Condition was noted as improved and hemodynamically stable. The injured worker was temporarily totally disabled. Urine drug screens were not submitted for review. On 09-11-2015, Utilization Review non-certified the request for Percocet 10-325 mg quantity 210 and certified the request for Naproxen and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, QTY: 210.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Percocet for an extended period without objective documentation of functional improvement or significant decrease in pain. Additionally, this request for 210 percocet does not imply close monitoring for effectiveness or aberrant behavior. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Percocet 10/325mg, QTY: 210.00 is determined to not be medically necessary.