

Case Number:	CM15-0185958		
Date Assigned:	09/28/2015	Date of Injury:	08/07/2012
Decision Date:	11/03/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/21/2015

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:

This 48 year old female sustained an industrial injury on 8-7-12. Documentation indicated that the injured worker was receiving treatment for cervical myofascial syndrome, left shoulder acromioclavicular osteoarthropathy and bursitis and thoracic spine pain. Previous treatment included physical therapy, heat, cold and medications. In the only documentation submitted for review, a follow-up consultation dated 8-5-15, the injured worker complained of pain to the left shoulder, cervical spine, bilateral upper extremities and thoracic spine, rated 5 to 7 out of 10 on the visual analog scale associated with headaches. The injured worker stated that medications allowed for maintaining activities of daily living and exercise with improved range of motion. Norco resulted in a four to five point decrease in pain. Non-steroidal anti-inflammatory medications decreased pain by two to three points. Spasms were improved by Cyclobenzaprine. Physical exam was remarkable for tenderness to palpation to the left shoulder and cervical spine with "limited" and painful range of motion and unchanged upper extremity neurologic evaluation. The treatment plan included continuing physical therapy, a neurologic evaluation, a psychological consultation, DNA and genetic testing and prescriptions for Percocet, Naproxen Sodium, Protonix and Ambien. On 8-31-15, Utilization Review non-certified a request for Percocet 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 7.5mg #60: Overturned

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, criteria for use.

Decision rationale: MTUS Guidelines support trialing a change or rotation in opioids if the benefits are thought to be inadequate. There is documentation that she is responsive to opioids and has had significant benefit from Hydrocodone. The rationale for the change from Hydrocodone to Oxycodone is not clear in the documentation provided, but it is not contrary to Guideline standards. The amount #60 for 2 months is for fairly limited use and this can be re-reviewed if there is future evidence of insufficient benefits or misuse. At this point in time, the trial of the Percocet 7.5mg #60 is consistent with Guidelines and is medically necessary.