

Case Number:	CM15-0188333		
Date Assigned:	09/30/2015	Date of Injury:	05/01/2014
Decision Date:	11/09/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/24/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 43 year old male, who sustained an industrial injury on May 1, 2014. He reported injuries to his head, neck and lower back region. The injured worker was currently diagnosed as status post truck driving accident with overturned big rig, status post strain injuries to the cervical and lumbar spine, status post closed head injury, chronic pain syndrome and mood disorder with high levels of depression and anxiety. Treatment to date has included diagnostic studies, psychological pain management sessions, physical therapy and medications. On September 14, 2015, the injured worker complained of muscle weakness, joint pain, back pain and severe headaches. He also reported depression, sleep disturbances and anxiety. He was noted to be experiencing high levels of psychological distress. He felt dependent on pain medications as a way of participating in daily activities, including the use of either hydrocodone or oxycodone. Notes stated that the injured worker has not been able to make significant functional improvements with past unimodal treatments including physical therapy and psychological based counseling. A trial of a more interdisciplinary integrated functional restoration program was suggested. On September 23, 2015, utilization review denied a request for Percocet 10-325mg #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg Tab #10: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10/325mg #10 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are status post stream injuries to the cervical and lumbar spine; status post closed head injury; chronic pain syndrome; and mood disorder with high levels of depression and anxiety. Date of injury is May 1, 2014. Request for authorization is September 16, 2015. According to a progress note from May 2015, the treating provider prescribed Percocet 10/325 mg. Weaning was recommended by utilization review December 19, 2014. According to a September 14, 2015 progress note, subjective complaints include low back pain and neck pain. Medications include Percocet 10/325mg, Norco 10/325mg and tramadol 50 mg with tizanidine, gabapentin and Nabumatone. There is no physical examination in the September 14, 2015 progress note. There were no risk assessments or detail pain assessments. There is no documentation demonstrating objective functional improvement. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no physical examination, no attempt at weaning Percocet 10/325mg (according to the UR) and no detailed pain assessments or risk assessments, Percocet 10/325mg #10 is not medically necessary.