

Case Number:	CM15-0189195		
Date Assigned:	10/01/2015	Date of Injury:	10/08/2012
Decision Date:	11/09/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/25/2015

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: Emergency 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 female, who sustained an industrial injury on 10-8-2012. Medical records indicate the worker is undergoing treatment for complex regional pain syndrome for the right upper extremity, bilateral carpal tunnel syndrome with release in 2012 and 2014, cervical spondylosis and lumbar degenerative disc disease with facet arthropathy. A recent progress report dated 7-29-2015, reported the injured worker complained of pain in the neck that radiates to the shoulders and arms, rated 10 out of 10 and is reduced by medication management. Physical examination revealed cervical, thoracic and lumbar paraspinal tenderness with cervical guarding and pain, restricted cervical range of motion and right upper extremity guarding. Treatment to date has included physical therapy, Percocet (since at least 4-22-2015), Butrans patch and Topamax. The physician is requesting Percocet 10-325mg #90. On 8-26-2015, the Utilization Review modified the retrospective request for Percocet 10-325mg #90 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Percocet 10/325mg #90:: 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 rationale: CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain in the neck that radiates to the shoulders and arms, rated 10 out of 10 and is reduced by medication management. Physical examination revealed cervical, thoracic and lumbar paraspinal tenderness with cervical guarding and pain, restricted cervical range of motion and right upper extremity guarding. Treatment to date has included physical therapy, Percocet (since at least 4-22-2015), Butrans patch and Topamax. The treating physician has not documented objective evidence of derived functional benefit such as improvements in activities of daily living, reduced work restrictions, or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Retro: Percocet 10/325mg #90: is not medically necessary.