

Case Number:	CM15-0190837		
Date Assigned:	10/02/2015	Date of Injury:	05/19/2008
Decision Date:	11/16/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/28/2015

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: Physical Medicine & Rehabilitation, Pain Management, 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 46 year old female, who sustained an industrial injury on 5-19-2008. The injured worker was being treated for cervical disc degeneration, herniated lumbar disc with rap, mid back strain, right hip sprain and strain-rule out internal derangement, anxiety and depression, and insomnia unspecified. Current medications included Oxycodone, Fexmid, and Ambien. The physical exam (7-31-2015) revealed lumbar flexion of 50 degrees, extension of 5 degrees, and bilateral bending of 20 degrees. The bilateral straight leg raises were positive at 75 degrees. There was paraspinal tenderness with spasms, hypoesthesia along the anterolateral aspect of the right foot and ankle, and weakness of the bilateral big toe dorsiflexor and plantar flexor. There was right trochanteric tenderness and pain with internal and external rotation of the right hip. The 8-14-2015 treating physician's report included in the submitted medical records is difficult to decipher. Per the treating physician (8-14-2015 report), the injured worker will bring in an MRI of the right hip at the next visit. Per the treating physician (7-31-2015 report), a sample was sent to the laboratory to monitor for medication compliance, but the results were not included in the provided medical records. Treatment has included work restrictions, oral pain (Percocet since at least 3-2015), topical pain, muscle relaxant, and sleep medications. Per the treating physician (7-31-2015 report), the injured worker was previously declared permanent and stationary. On 8-14-2015, the requested treatments included Percocet 10-325 mg #90. On 8-28-2015, the original utilization review non-certified a request for Percocet 10-325 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain.

Decision rationale: MTUS 2009 states it opioids should be discontinued if there is no functional improvement or relief of pain when they are used to treat chronic noncancer pain. In this case, hip injections are requested in order to keep treat inadequate pain relief are using opioids.

Furthermore, there is no indication that the patient has any significant functional improvement attributable to the use of Percocet. Percocet is not medically necessary in the care of this patient.