MAXIMUS Federal Services

Case Number:	CM15-0194660		
Date Assigned:	10/08/2015	Date of Injury:	11/16/1978
Decision Date:	11/18/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/05/2015

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 72-year-old male, who sustained an industrial injury on November 16, 1978. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having chronic pain syndrome, thoracic or lumbosacral intervertebral disc, degeneration of lumbar or lumbosacral intervertebral disc, spinal stenosis of lumbar region, lumbar facet joint pain, sacroiliitis, hip joint painful on movement, bursitis of hip, shoulder joint pain, chronic neck pain, spasm of muscle, dysethesia, myalgia and myositis, chronic constipation, reactive depression, degeneration of lumbar intervertebral disc, spinal stenosis, chronic low back pain, degeneration of thoracic intervertebral disc, amputated at knee, shoulder pain, diffuse pain, degenerative joint disease of shoulder region, chronic pain syndrome, degeneration of thoracic intervertebral disc, spinal stenosis of lumbar region, shoulder pain, sacroiliac joint pain, degenerative joint disease of shoulder region, chronic pain syndrome and spasm of skeletal muscle of thorax. On September 17, 2015, the injured worker complained of chronic bilateral shoulder, neck and low back pain. His pain was rated as a 10 on a 1-10 pain scale without medication and a 4 on the pain scale with medication. The pain was noted to be unchanged from prior exam visit. He reported the benefit of chronic pain medication maintenance regimen; activity restriction and rest continue to keep pain within a manageable level to allow for necessary activities of daily living. A prior epidural was noted to provide him 95% relief. The treatment plan included heat, ice, rest, exercise, follow-up visit and Percocet medication. On September 28, 2015, utilization review modified a request for Percocet 10-325mg #90 to Percocet 10-325mg #50.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: Percocet is acetaminophen and Oxycodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Patient's pain is not controlled with Percocet therapy. Patient has continued severe pain with insignificant improvement in pain. Patient continues to have severe disability with no documentation of any functional improvement on percocet. Documentation shows no benefit from percocet. Not medically necessary.