

Case Number:	CM15-0195765		
Date Assigned:	10/09/2015	Date of Injury:	04/26/2006
Decision Date:	11/23/2015	UR Denial Date:	09/15/2015
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: Texas, Illinois

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:

The injured worker is a 58 year old female, who sustained an industrial injury on 4-26-2006. The injured worker has been diagnosed of chronic post traumatic headache, cervicgia, cervical facet arthropathy, cervical disc degeneration, and cervical disc displacement-ruptured. On 9-2-2015, the injured worker reported 7-8 out of 10 chronic cervicgia and headaches, increased since 5-6 out of 10 pain rating on 7-8-2015. The Treating Physician's report dated 9-2-2015, noted the injured worker reported having a flare up of her pain requiring going to the ER for treatment of her headache with Toradol. The injured worker reported the Percocet allowed her to provide for her activities of daily living (ADLs), care of her home, and improved relationship with her husband and family, able to now sew which she had not been able to do for years. The injured worker was noted to continue to use Flexeril for muscle spasms. The physical examination was noted to show the injured worker with a mildly antalgic gait. The Physician noted the injured worker continued to demonstrate functional improvement with the use of medication, The treatment plan was noted to include continued Percocet, prescribed since at least 2-11-2009, and Flexeril, with urine drug screen (UDS). The request for authorization dated 9-5-2015, requested Percocet 10/325 mg QTY 60.00. The Utilization Review (UR) dated 9-15-2015, denied the request for Percocet 10/325 mg QTY 60.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg QTY 60.00: 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): Introduction, Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, long-term assessment.

Decision rationale: The injured worker sustained a work related injury on 4-26-2006. The injured worker has been diagnosed of chronic posttraumatic headache, cervicgia, cervical facet arthropathy, cervical disc degeneration, and cervical disc displacement-ruptured. Treatments have included Flexeril and Percocet. The medical records provided for review do not indicate a medical necessity for: Percocet 10/325 mg QTY 60.00. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the long term use of opioids in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. However, the MTUS recommends documentation of pain and functional improvement using a numerical scale, and comparing with baseline values if opioid is used for longer than six months. . Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The Medical records indicate she recently visited the Emergency Room due to worsening pain, she has been using this medication for more than a year, but with no overall improvement. There is no evidence that reassessments for pain and functional improvement are being compared with baseline values. The MTUS defines functional improvement as either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment.