

Case Number:	CM15-0201963		
Date Assigned:	10/16/2015	Date of Injury:	09/15/2002
Decision Date:	12/02/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/14/2015

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, District of Columbia,
Maryland Certification(s)/Specialty: Anesthesiology, Pain
Management

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 55 year old female, who sustained an industrial injury on 9-15-02. The injured worker was diagnosed as having chronic right shoulder pain, chronic neck pain, right-sided chronic low back pain and chronic right elbow and wrist pain. Subjective findings (7-6-15, 8-7-15) indicated Norco reduces pain levels by over 50% and allows the injured worker to do activities for four hours. Objective findings (8-7-15) revealed tenderness to palpation in the neck and muscle spasms over the right side cervical paraspinal musculature. As of the PR2 dated 9-4-15, the injured worker reports pain in her neck, low back, right shoulder and right wrist. She rates her pain 3 out of 10 with Percocet and 7 out of 10 without Percocet. There was no physical examination documented. The treating physician noted that the trial of Percocet was not as effective as Norco. Current medications include Norco, Neurontin, Klonopin, Ambien, Risperdal and Percocet (started on 8-7-15). Treatment to date has included a right wrist brace, an EMG- NCS on 4-7-15 showing mild to moderate right carpal tunnel syndrome and Lyrica. The Utilization Review dated 9-17-15, non-certified the request for Percocet 10-325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, #120: Overturned

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.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per the documentation submitted for review, it was noted that the injured worker rated pain without medication 9/10 and 4/10 with the use of medication. She reported that with medication she is able to walk and exercise an additional 30 minutes. UDS dated 12/19/14 was noted to be consistent with prescribed medication. CURES report was checked 7/7/15 and was appropriate. I respectfully disagree with the UR physician's assertion that the documentation did not support ongoing opiate therapy. The request is medically necessary.