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| Case Number: | CM15-0020387 | | |
| Date Assigned: | 02/10/2015 | Date of Injury: | 10/18/2012 |
| Decision Date: | 03/25/2015 | UR Denial Date: | 01/27/2015 |
| Priority: | Standard | Application Received: | 02/03/2015 |

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: Pennsylvania
 Certification(s)/Specialty: Family Practice

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 49 year old female who sustained an industrial injury on 10/18/12. She reports chronic pain in the neck, lower back, and right shoulder. Treatments to date include medications. Diagnoses include chronic pain syndrome, degeneration of cervical intervertebral disc, and disorder of bursa right shoulder. In a progress noted dated 01/19/15 the treating provider recommends continued treatment with Percocet for her pain, as well as Functional Restoration Program once her medical issues are addressed. On 01/27/15 Utilization Review non-certified the Percocet, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 7.5/325mg #60 each RX (2 prescriptions written on 1/19/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
 Page(s): 74-96.

Decision rationale: The statement "Percocet allows her to remain comfortable enough to perform basic ADL's and exercise a little bit." is not reflective of an adequate evaluation of pain response to Percocet or sufficient to justify its continued use. Such a statement needs to be validated by further evaluation and assessment of pain and function in response to Percocet. According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and there is improved functioning and pain. In this case there is insufficient documentation of the assessment of pain, function and side effects in response to opioid use to substantiate the medical necessity for Percocet.