

Case Number:	CM15-0024467		
Date Assigned:	02/17/2015	Date of Injury:	07/22/2013
Decision Date:	04/06/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/09/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 58-year-old male who reported injury on 07/22/2013. The mechanism of injury was a palm tree was cut down and struck the injured worker on his head and neck, resulting in a loss of consciousness. The injured worker was noted to be status post lumbar fusion in 1998. The injured worker underwent electrodiagnostic studies on 07/16/2014. The injured worker's medications included Percocet, Flexeril, lisinopril, aspirin, and Zoloft as of at least 07/16/2014. The documentation of 12/08/2014 revealed the injured worker had Percocet 5/325 mg that was tapered down to 1 tablet 3 times a day. The injured worker underwent 10 sessions of neuropsychological treatment. The injured worker underwent electrodiagnostic studies on 07/16/2014 with no findings of lumbar radiculopathy or plexopathy in the lower extremities. The injured worker underwent x-rays of the lumbar spine, thoracic spine, and cervical spine. The documentation indicated the injured worker continued to have chronic neck pain. The objective examination revealed the injured worker had tenderness to palpation throughout the cervical spine and bilateral cervical paraspinal regions, left worse than right. The injured worker had tenderness to palpation throughout the thoracic spine with moderate left and slight right thoracic paraspinal tenderness noted throughout. The deep tendon reflexes in the upper and lower extremities were 2+/4 and symmetrical bilaterally. The diagnoses included prior history of hypertension and previous trauma without prior history of chronic pain, pain related insomnia, chronic myofascial neck and back pain status post trauma, and cervical and lumbar degenerative disc disease per CT scan. The treatments included a trial of trazodone 50

mg for insomnia. Additionally, the documentation indicated the injured worker would continue his current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to indicate the injured worker had objective functional improvement and an objective decrease in pain. There was a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Percocet 5/325 MG #90 is not medically necessary.