

Case Number:	CM15-0027267		
Date Assigned:	02/19/2015	Date of Injury:	02/29/2012
Decision Date:	04/08/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/12/2015

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 33-year-old female who reported an injury on 02/29/2012. The injured worker was placing a patient on a gurney when her right knee bent sideways. On 11/25/2014, the injured worker presented for a follow-up evaluation. The injured worker reported a flare up of pain to the lower back. For support, the injured worker utilized a cane or a wheelchair. The injured worker also reported radiating pain into the right lower extremity with associated numbness and tingling as well as right hip pain and right knee pain. Psychological symptoms included stress, anxiety, and depression. Upon examination of the lumbar spine, there was tenderness to palpation over the bilateral lumbar paraspinal muscles, posterior superior iliac spine tenderness, bilateral gluteus tenderness, right lower extremity tenderness, and an antalgic gait. The current diagnoses include cervicothoracic strain, bilateral shoulder pain, lumbar spine disc bulge, right hip trochanteric bursitis, left hip injury, left sacroiliac joint injury, right knee status post arthroscopy on 09/06/2011, right knee sprain, left knee pain, right ankle/foot injury, stress, anxiety, and depression. Recommendations included an updated MRI of the lumbar spine, a psychological consultation, and continuation of the current medication regimen of OxyContin, Norco, Neurontin, Valium, Paxil, and albuterol. A Request for Authorization form was then submitted on 12/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state, prior to a therapeutic trial of opioids, there should be documentation of a failure of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it is noted that the patient has continuously utilized the above medication for an unknown duration. Previous urine toxicology reports documenting evidence of patient compliance and non-aberrant behavior were not provided. There was no documentation of a written consent or agreement for chronic use of an opioid. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.