

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0042447 | | |
| Date Assigned: | 03/12/2015 | Date of Injury: | 12/01/2006 |
| Decision Date: | 04/24/2015 | UR Denial Date: | 02/19/2015 |
| Priority: | Standard | Application Received: | 03/06/2015 |

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old female, who sustained an industrial injury on 12/1/06. The injured worker was diagnosed as having tenosynovitis, chronic pain syndrome, myalgia and myositis, pain in limb, disorders of bursae and tendons in shoulder region, lumbago, displacement of lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis, insomnia and long term use of medications. Treatment to date has included oral medications including narcotics and home exercise program. Currently, the injured worker complains of pain in right forearm, pain in left anterior thigh and right shoulder pain. The treatment plan included refilling of oral pain medications including narcotics, modified activity, modified work duties and pain medication management. She stated with the use of medications she can do activities of daily living and exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient was injured on 12/01/2006 and has pain in her left forearm, leg, right shoulder, and left anterior thigh. The request is for PERCOCET 10/325 mg #120. The RFA is dated 02/13/2015 and the patient is on permanent modified duty. The patient has been taking Percocet as early as 10/16/2014. MTUS Chronic Pain Medical Guidelines page 88-89, "criteria for use of opiates for long term uses of opioids (6 months or more)" states, "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 criteria for use of opiates, ongoing management, also require documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The 10/16/2014 report states that the patient is "going to the gym again, does some dancing and walking. She walks around her house. She is taking her medications regularly." The 12/08/2014 report states that the CURES report was checked on that day. Last urine drug screen was on 10/08/2014. The results of this urine drug screen were not provided. Although the treater provides ADLS, not all 4 As are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided, nor are there any discussions provided on adverse behavior/side effects. The patient does have a CURES report on file; however, there are no urine drug screen results provided to see if the patient is compliant with her prescribed medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Percocet IS NOT medically necessary.