

Case Number:	CM15-0052269		
Date Assigned:	03/25/2015	Date of Injury:	11/02/1998
Decision Date:	05/01/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/19/2015

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, 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 69 year old male with an industrial injury dated 11/02/1998. The injured worker diagnoses include shoulder pain, rotator cuff syndrome, low back pain, lumbar degenerative disc disease, chronic pain syndrome, and cervical disc disease with fusion C3-C6. He has been treated with diagnostic studies, left AFO (ankle foot orthosis), compression hose for bilateral lower extremities, prescribed medications and periodic follow up visits. According to the progress note dated 03/02/2015, the injured worker reported neck pain, right scapular pain, low back pain, numbness in the last two digits of bilateral hands and burning and numbness in his feet. The treating physician prescribed Percocet 10/325mg #120 now under review. The provider noted quantified pain relief, functional improvement, no aberrant behavior, and consistent UDS.

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 Treatment Guidelines opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Percocet, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no indication of side effects or aberrant use and recent UDS was noted to be consistent. In light of the above, the currently requested Percocet is medically necessary.