

Case Number:	CM15-0055109		
Date Assigned:	03/30/2015	Date of Injury:	12/14/2007
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/23/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 sustained an industrial injury on December 14, 2007. He reported injury after lifting a heavy object. The injured worker was diagnosed as having cervical musculoligamentous strain, bilateral rotator cuff tears, status post lumbar laminectomy, lumbar disc disease and lumbar radiculopathy. Treatment to date has included diagnostic studies, surgery, physical therapy and medications. On January 30, 2015, the injured worker complained of pain in the cervical spine, lumbar spine and bilateral shoulders. He rated the pain as a 4-6 on a 1-10 pain scale. He noted that his pain has increased since his last visit. His lumbar spine pain radiates into the left leg up to the knee with numbness and tingling to his feet and weakness of the left leg. He also complained of numbness and tingling in his hands. The treatment plan included diagnostic studies, possible lumbar epidural steroid injections, medications, random urine drug screens and follow-up visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #60 with no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10/325 mg # 60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are cervical musculoligamentous strain; bilateral rotator cuff tears; status post lumbar laminectomy; lumbar disc disease; and lumbar radiculopathy. Subjectively, pursuant to the January 30, 2015 progress note, the injured worker has complaints of cervical spine, lumbar spine and bilateral shoulder pain with a VAS pain scale of 4/10, 6/10 and 6/10, respectively. Percocet was prescribed as far back as August 29, 2014. There is no documentation of objective functional improvement with ongoing Percocet use. Additionally, as noted above, the VAS subjective pain scales are persistently high. The injured worker was noted to be a high risk for opiate this use and abuse. Consequently, absent compelling clinical documentation with objective functional improvement with persistently high VAS subjective pain scales and a high risk for drug misuse and abuse, Percocet 10/325 mg # 60 is not medically necessary.