MAXIMUS Federal Services

Case Number:	CM15-0081168		
Date Assigned:	05/01/2015	Date of Injury:	12/01/2008
Decision Date:	06/02/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/28/2015

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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 50 year old male sustained an industrial injury to the neck and back on 12/1/08. Previous treatment included magnetic resonance imaging, transcutaneous electrical nerve stimulator unit and medications. In a PR-2 dated 3/26/15, the injured worker complained of pain across the neck and upper back rated 8/10 on the visual analog scale with increased cramping in the right upper back spreading into the right arm associated with a feeling of right arm weakness. The injured worker reported feeling as if he had a scarf wrapped around his neck. The injured worker also complained of constant low back pain rated 7/10 with radiation into the left leg. The injured worker also complained of loss of genital feeling, inability to have sex, increased headaches and jaw tightness and becoming more depressed. Current diagnoses included cervical spine sprain/strain, lumbar spine sprain/strain, thoracic spine sprain/strain, cervical spine radiculitis, lumbar spine or thoracic spine radiculitis and panic disorder. The treatment plan included continuing cognitive behavioral therapy, increasing walking, stretching, and prescriptions for Zoloft, Baclofen and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg Qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

Decision rationale: The patient is a 50 year old male with an injury on 12/01/2008. He has back pain and neck pain. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria.