

Case Number:	CM15-0083168		
Date Assigned:	05/05/2015	Date of Injury:	02/15/2008
Decision Date:	06/03/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/30/2015

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:

The injured worker is a 37 year old male with an industrial injury dated 02/15/2008. His diagnoses included status post lumbar 5-sacral 1 disc replacement surgery, right shoulder strain with bursitis (compensatory), left shoulder impingement syndrome with acromioclavicular joint pain with possible labral tear, left rib cage contusion with laceration, adjustment disorder with mixed anxiety and depressed mood, insomnia and dental pain secondary to dry mouth caused by MS Contin. Prior treatments included physical therapy, medications, diagnostics, home exercise program, pain management and functional restoration program. He presents on 03/26/2015 with complaints of aching mid and low back pain rated as 6 out of 10. Other complaints were pain in both shoulders, left buttock pain and left leg pain. He was not attending any form of therapy at the time of this note. Physical exam revealed tenderness about the paraspinal muscle of the thoracic and lumbar spine. The injured worker walked with a limp using a cane. Toe and heel walk were normal bilaterally. Treatment plan included pain management with opioid medications (Percocet).

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 Page(s): 78.

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

Decision rationale: The patient is a 37 year old male with an injury on 02/15/2008. He had low back pain and walked with a limp on 03/26/2015. He used a cane. However, heel walk and toe walk were normal. 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.