

Case Number:	CM15-0084026		
Date Assigned:	05/06/2015	Date of Injury:	11/02/1998
Decision Date:	06/16/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/01/2015

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: Pennsylvania, Ohio, 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 69 year old male, who sustained an industrial injury on November 2, 1998. He reported neck, back, feet and right shoulder pain. The injured worker was diagnosed as having shoulder pain, rotator cuff syndrome, low back pain, lumbar degenerative disc disease, chronic pain syndrome and cervical disc disease with fusion. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the cervical spine, conservative care, medications and work restrictions. Currently, the injured worker complains of neck pain and numbness in the last two digits of bilateral hands, back pain and bilateral leg pain. He was noted to wear an ankle brace and support hose. The injured worker reported an industrial injury in 1998, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on July 21, 2014, revealed good control of pain with medications. Evaluation on November 4, 2014, revealed continued pain as noted. It was noted he used Percocet and Duragesic patches with good relief. Percocet was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.