

Case Number:	CM15-0085909		
Date Assigned:	05/08/2015	Date of Injury:	11/15/2001
Decision Date:	06/10/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/05/2015

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: Preventive Medicine, Occupational 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 44 year old female who sustained an industrial injury on 11/15/01. The mechanism of injury was unclear. She currently complains of constant bilateral shoulder, arm, elbow, wrist and hand pain. The pain level is 5-6/10 and can go down to 3-5/10. She also experiences joint stiffness, headaches, nausea, vomiting, and lightheadedness. She needs assistance with activities of daily living such as self-care, has difficulty driving and when she needs to clean herself she takes a shower. Medications are zanaflex, Dilaudid, Norco, Lidoderm patch, Imitrex, Neurontin, omeprazole, ondansetron, Percocet, Prevacid, Replax, Remeron, Topamax, Welbutrin and Klonopin. Diagnoses include bilateral shoulder/ hand syndrome; bilateral reflex sympathetic dystrophy of the lower extremities. Treatments to date include medications; functional restoration program; lumbar sympathetic block; stellate ganglion block; psychological counseling with moderate improvement. In the progress note dated 4/9/15 the treating provider's plan of care include Percocet twice per day as needed for pain related to reflex sympathetic dystrophy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 7.5mg-325mg tablet Qty: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been on other opioids for an extended period of time with no evidence of pain relief or increase in function. There were no urine drug screens available for review to test compliance. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Percocet 7.5 mg-325 mg tablet Qty: 60 is not medically necessary.