

Case Number:	CM14-0140923		
Date Assigned:	09/10/2014	Date of Injury:	06/05/2006
Decision Date:	10/24/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 62 year old male injured on 06/05/06 as a result of cumulative trauma while riding up and down the highway carrying out work duties as a truck driver. The injured worker reported neck pain, low back pain, and shoulder pain. Diagnoses included lumbar decompression, depression secondary to orthopedic condition, right arm ulnar/median neuropathy, status post DVT post-operative, and left shoulder sprain/strain post-fall. Clinical note dated 07/31/14 indicated the injured worker presented complaining of stiffness in the back, sleep disturbance secondary to pain, and increasing pain in the right arm with decreased function. The injured worker reported increased difficulty with grasping with the dominant hand. The injured worker utilized Percocet and Soma one tablet per day. The injured worker awaited approval for right wrist/elbow surgery. Objective findings included antalgic gait, positive Finklestein right upper extremity, positive Tinel in right ulnar, negative straight leg raise, positive spasms of the paravertebral L5, and recent performance of sleep study results pending. The injured worker reported current therapy beneficial for pain management. Treatment plan included increased activity as tolerated, Percocet 10/325mg Q four hours PRN, Medrox for anti-inflammation and analgesia, and Soma 350mg Q six hours. The initial request was denied on 08/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. Further, the clinical note indicated the injured worker utilized one tablet per day for pain management; however, a request for 60 tablets was submitted. As such, Percocet 10/325mg, qty 60 cannot be recommended as medically necessary at this time.