

Case Number:	CM14-0165587		
Date Assigned:	10/10/2014	Date of Injury:	03/29/2009
Decision Date:	11/12/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/08/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 61-year-old female who reported an injury on 03/29/2008. The mechanism of injury was not stated. The current diagnoses include chronic low back pain, lumbar herniated disc, lumbar radiculopathy, cervical spine pain, small disc protrusion at C6-7, cervical radiculopathy, right knee partial replacement, right shoulder pain, left knee meniscal tear, and left shoulder supraspinatus tendon tear. Previous conservative treatment is noted to include physical therapy, medications, and TENS therapy. The injured worker was evaluated on 09/10/2014 with complaints of persistent shoulder pain, left knee pain, and radiating symptoms in the bilateral upper extremities. The injured worker also reported mild low back pain with radiation into the bilateral lower extremities. The current medication regimen includes Percocet, Lyrica, Elavil, and Voltaren gel. Physical examination on that dated revealed a slow and antalgic gait, arthroscopic incisions over the anterior and posterior right shoulder, limited right shoulder range of motion, limited left shoulder range of motion with positive impingement sign, tenderness throughout the left shoulder, mild tenderness to palpation of the lumbar paraspinal muscles, limited lumbar range of motion, and healed linear scars on the anterior aspect of the right knee. Treatment recommendations included continuation of current medication regimen. A Request for Authorization form was then submitted on 09/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82..

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication since 04/2014. It was noted, on 09/10/2014, the injured worker has tried and failed multiple opioid medications including Percocet. There is no documentation of objective functional improvement despite the ongoing use of this medication. There was also no frequency listed in the request. As such, the request is not medically necessary.