

Case Number:	CM14-0183413		
Date Assigned:	11/10/2014	Date of Injury:	07/25/1997
Decision Date:	12/17/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/04/2014

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 Occupational Medicine and is licensed to practice in California. 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 patient is a 64 year-old female with date of injury 09/26/1996. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/19/2014, lists subjective complaints as pain in the neck and low back. PR-2 supplied for review was handwritten and illegible. Objective findings: Examination of the cervical spine and lumbar spine were grossly normal. No extensive or detailed objective findings were reported by provider. Diagnosis: 1. Chronic pain state, involving the bilateral upper and lower extremities, neck and upper and lower back regions 2. Type 2 diabetes mellitus 3. Hypertension 4. Sleep disorder, mainly due to pain-related sleep maintenance insomnia 5. Obesity 6. Dyslipidemia 7. Hypothyroidism 8. Apparent osteoporosis. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as six months. Medications: 1. Percocet 10/325mg, #60 SIG: 1 tab po q6-8h.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg tabs, 1 tab po q6-8h #60, 30 day fill, 0 refills for cervical, thoracic and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little functional improvement over the course of the last 6 months. Percocet 10/325mg tabs, 1 tab po q6-8h #60, 30 day fill, 0 refills for cervical, thoracic and lumbar spine is not medically necessary.