

Case Number:	CM14-0096651		
Date Assigned:	07/28/2014	Date of Injury:	07/23/2001
Decision Date:	10/01/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/24/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 64-year-old female was reportedly injured on July 23, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 23, 2014, indicated that there were ongoing complaints of neck pain and low back pain. Current medications include Percocet, which is stated to help improve the injured employee's pain at least 50% and enables her to participate in activities of daily living. The physical examination demonstrated full active range of motion of the cervical spine with tenderness in the upper trapezius muscles and the cervical paraspinal muscles with spasms from the cervical spine to the lumbar spine. There was a normal neurological examination. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included oral medications. A request had been made for oxycodone/acetaminophen and quetiapine and was not certified in the pre-authorization process on June 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone Acetaminophen 7.5/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California MTUS Guidelines support short-acting opiates such as oxycodone/acetaminophen for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The most recent progress note, dated June 23, 2014, stated that the injured employee has 50% pain relief with the use of this medication and states that it helped her perform activities of daily living. As such, this request for oxycodone/acetaminophen is medically necessary.

Quetiapine 25mg #30 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of Bipolar Disorder Working Group, Department of veterans affairs, department of defense; May 2010 pg176

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a698019.html>

Decision rationale: A review of the attached medical record indicates that the injured employee has previously been prescribed Seroquel (quetiapine) with good relief of mood disturbance and improved sleep. Considering this, this request for quetiapine is medically necessary.