

Case Number:	CM14-0212053		
Date Assigned:	01/02/2015	Date of Injury:	07/12/1995
Decision Date:	02/19/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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, Indiana, New York
Certification(s)/Specialty: Internal 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 (IW) is a year-old-woman with a date of injury of July 12, 1995. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are chronic myofascial sprain and strain of cervical spine with degenerative disc disease; spinal stenosis; cervical radiculopathy; chronic low back pain with degenerative disc disease; and bursitis of the knees bilaterally. Pursuant to the progress reports dated November 6, 2014, the IW complains of pain in the neck, low back, and both knees. Pain is rated 7/10. Examination of the cervical spine reveals tenderness on palpation in the cervical spine and paraspinal muscles with minimal stiffness. No spasms are noted. Range of motion is painful, but within normal limits. Spurling's and Adson's tests are negative. Examination of the lumbar spine reveals tenderness on the lumbosacral spine and paraspinal muscles. Range of motion is painful. Straight leg raise test is negative in the sitting and supine positions. Current medications include Percocet 7.5/325mg and OxyContin 40mg. The documentation in the medical record indicates the treating physician has prescribed Percocet 7.5/325 mg since April 1 of 2013. The documentation is unclear whether the April 1, 2013 date is a refill or starting date. The IW presents for regular refills. The documentation does not contain evidence of objective functional improvement associated with the ongoing use of Percocet. The utilization review indicates Percocet and OxyContin were discontinued through weaning based on the lack of documented improvement with their use. The current request is for Percocet 7.5/325 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Percocet 7.5/325mg #90.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one prescription Percocet 7.5/325 mg #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patients decreased pain, increased level of function, or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. A pain related assessment should include history of pain treatment and effective pain and function. Assess the likelihood that patient could be weaned from opiates if there is no improvement in pain and function. In this case, the injured worker's working diagnoses are chronic myofascial sprain and strain of cervical spine with degenerative disc disease; spinal stenosis; cervical radiculopathy; chronic low back pain with degenerative disc disease; and bursitis of the knees bilaterally. The documentation in the medical record indicates Percocet 7.5/325 mg has been prescribed by the treating physician since April 1 of 2013. The documentation is unclear whether the April 1, 2013 date is a refill or starting date. The injured worker presents for regular refills. The injured worker continues to complain of 7/10 out of 10 (VAS score) in a November 2014 progress note. The documentation does not contain evidence of objective functional improvement despite the protracted course of Percocet. The utilization review indicates Percocet and OxyContin were discontinued through weaning based on the lack of documented improvement with their use. There was no treating physician documentation in the medical record to support weaning or discontinuation of the opiates. Consequently, absent clinical documentation to support the ongoing use of Percocet 7.5/325 mg with no evidence of objective functional improvement and continued high VAS scores, Percocet 7.5/325 mg #90 is not medically necessary.