

Case Number:	CM14-0212365		
Date Assigned:	01/02/2015	Date of Injury:	12/01/2006
Decision Date:	02/28/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/18/2014

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 56 year old female who was injured on 12/1/2006. The diagnoses are myalgia, shoulder bursitis, lumbago, lumbago myelopathy, lumbar radiculopathy, wrist tenosynovitis and insomnia. On 12/8/2014, [REDACTED] noted subjective complaint of increased pain in forearm, right shoulder and leg due to discontinuation of Opana. The patient reported decreased ADL and doing less exercise. There were objective findings of decreased range of motion and tender trigger points in the paraspinal muscles of the lumbar and cervical spines. The patient was reported not a surgical candidate by [REDACTED]. The past epidural steroid injections and PT was not effective in pain relief. The UDS and CURES was reported to be consistent. The medications listed are Mirtazapine, gabapentin, lorazepam, Vistaril and Percocet. A Utilization Review determination was rendered on 12/15/2014 recommending non certification for Percocet 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg Qty 120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42-43, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to treatment with NSAIDs and PT. The guidelines recommend that NSAIDs can also be utilized for maintenance treatment of severe pain when surgical and interventional pain treatments are contraindicated or have failed. The record indicated that the patient have completed all non-opioid treatment options. The patient did not have surgical treatment options. The epidural injection was not beneficial. The pain had significantly increased with discontinuation of Opana due to non-authorization. The records indicate that compliance monitoring with UDS, CURES and functional restoration was consistent. The criteria for the use of Percocet 10/325 #120 was met.