

Case Number:	CM14-0213905		
Date Assigned:	12/31/2014	Date of Injury:	05/24/2006
Decision Date:	02/25/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/22/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabiln

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 61-year-old female with a date of injury of 05/24/2006. According to progress report dated 12/04/2014, the patient presents with chronic neck, low back, and shoulder pain. The listed diagnoses are: 1. Pain in joint, shoulder. 2. Pain in thoracic spine. 3. Unspecified myalgia. 4. Lumbago. The patient reports current level as 3-4/10, although she notes the pain has reached 6/10 this past month. She is not having any side effects for current medication and denies any aberrant behavior. Patient is keeping active and continues to provide care for an elderly woman and reports she has been working 4 hours daily, 5 to 6 days each week. Examination revealed full range of motion and normal strength of the upper and lower extremities, and the patient is able to move pain-free. Cervical and lumbar spine movements are full and pain-free as well. The patient is able to transfer without assistance, and gait is normal. Last urine toxicology screen is from 01/20/2014, date of last CURES is 05/20/2014, and pain contract was signed on 01/20/2014. Treatment plan is for patient to continue Percocet 5/325 mg and continue with HEP. The utilization review denied the request on 12/16/2014. Treatment reports from 12/12/2013 to 12/04/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325 mg # 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids; Medication for chronic pain Page(s): 88-89, 76-78; 60-61.

Decision rationale: This patient presents with chronic shoulder, neck, and low back pain. The current request is for Percocet 5/325 mg #90. For chronic opioid use, the MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, activities of daily living (ADLs), adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been utilizing this medication as early as 12/12/2013. In this case, the treating physician has provided adequate documentation addressing the 4 A's as required by MTUS for opiate management. The patient is able to work on average 4 hours daily, 5 to 6 days per week, with current medication regimen. The patient reports no side effects with medications, and the treating physician has noted the patient has no aberrant behaviors. Last urine toxicology is dated 01/20/2014, which was consistent with the medications prescribed. Last CURES report is from 05/20/2014, and a pain contract was signed in January 2014. The physician states that the patient is utilizing medications appropriately with good control of pain and able to work up to 20 hours each week. Given the treating physician has provided documentation addressing the 4As, the requested Percocet is medically necessary.