

Case Number:	CM15-0017367		
Date Assigned:	02/05/2015	Date of Injury:	11/14/2006
Decision Date:	03/30/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/29/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 is a 60-year-old male, with a reported date of injury of 11/14/2006. The diagnosis includes chronic right foot and ankle pain, chronic regional pain syndrome, left wrist pain, status post left wrist fracture, multiple right foot/ankle surgeries, and chronic low back pain. Treatments have included an MRI of the left wrist on 08/14/2014, oral pain medication, topical pain medication, and a spinal cord stimulation trial. The progress report dated 12/19/2014 indicates that the injured worker continued to have ongoing foot and wrist pain, as well as low back pain. It was noted that the injured worker was doing well on his pain medication regimen. The medication regimen provided him with relief, which allowed him to have an improved quality of life. The Percocet helped to bring the injured worker's pain down from 9 out of 10 to 6 out of 10, and allowed him to be more functional. The injured worker denied any negative side effects and had no abnormal behaviors. The objective findings showed that the injured worker continued to walk with a cane, had an antalgic gait, and twitched with pain a couple of minutes during the examination. The treating physician requested Percocet 10/325 mg #240, with no refills with a second prescription (do not fill after 01/19/2015). On 01/08/2015, Utilization Review (UR) denied the request for Percocet 10/325mg #240, one by mouth eight times a day and Percocet 10/325mg #240, one by mouth eight times a day, dispense until 01/19/2015. The UR physician noted that no recent urine drug screen or CURES report was provided. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 Mg, 1 Po 8x A Day #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-79, 86-87.

Decision rationale: The request is not medically necessary. The chart does provide objective documentation of improvement in pain (e.g. decrease in pain scores) and function with the use of percocet. Urine drug screen results were mentioned in progress notes but the actual results were not available in the chart. There are no drug contracts included in the chart although mentioned in the progress note, or long-term goals for treatment. The 4 As of ongoing monitoring were not adequately documented. The patient had constipation which was treated with Colace. The patient is also on Duragesic patch. The patients MED equivalents exceed the limit recommended by MTUS. Therefore, the request is considered not medically necessary.

Percocet 10/325 Mg, 1 Po 8x A Day #240, Do Not Dispense Until 01/19/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-79, 86-87.

Decision rationale: The request is not medically necessary. The chart does provide objective documentation of improvement in pain (e.g. decrease in pain scores) and function with the use of percocet. Urine drug screen results were mentioned in progress notes but the actual results were not available in the chart. There are no drug contracts included in the chart although mentioned in the progress note, or long-term goals for treatment. The 4 As of ongoing monitoring were not adequately documented. The patient had constipation which was treated with Colace. The patient is also on Duragesic patch. The patients MED equivalents exceed the limit recommended by MTUS. Therefore, the request is considered not medically necessary.