

Case Number:	CM15-0119373		
Date Assigned:	07/02/2015	Date of Injury:	07/14/2012
Decision Date:	07/31/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/19/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 75 year old female, who sustained an industrial injury on 7/14/2012. She reported a slip and fall onto the right side that resulted in acute right side chest and low back pain, and is associated with headaches. Diagnoses include chronic pain syndrome, right sided headaches, cervical spondylosis, thoracolumbar spondylosis, intercostal neuralgia, myofascial pain and insomnia. Treatments to date include activity modification, medication therapy, and physical therapy. Currently, she complained of ongoing thoracic pain rated 6/10 VAS. On 5/7/15, the physical examination documented no new acute findings. The plan of care included Percocet 10/325mg tablets #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Percocet, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Percocet 10/325mg #90 is not medically necessary.