

Case Number:	CM15-0129930		
Date Assigned:	07/16/2015	Date of Injury:	08/20/1999
Decision Date:	09/10/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/06/2015

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: Arizona, Michigan

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 54 year old female, who sustained an industrial injury on August 20, 1999. The mechanism of injury was not provided in the medical records. The injured worker has been treated for neck and left thumb complaints. The diagnoses have included cervical herniated nucleus pulposus and left thumb osteoarthritis. Treatment and evaluation to date has included medications, radiological studies, MRI, acupuncture treatments, chiropractic treatments and physical therapy. The injured worker was not working. Current documentation dated May 28, 2015 notes that the injured worker reported ongoing neck pain and headaches which had increased in the past several weeks and left hand weakness. The left hand weakness was noted to have improved with the use of a brace. Examination of the cervical spine revealed spasms and a decreased range of motion. A Spurling's test was positive on the right. Examination of the left thumb revealed weakness and a painful range of motion. The treating physician's plan of care included a request for Percocet 10/325 mg # 100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 75, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines discourages long term usage of the short-acting opioid Percocet unless there is evidence of "ongoing review and documentation of pain relief, functional status and appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain level, increased level of function or improved quality of life." In this case, the injured worker was noted to have continued neck and left thumb pain. The documentation supports the injured worker had been prescribed Percocet since at least March of 2015. To continue the use of Percocet there must be documentation of decreased pain levels increased functional improvement or improvement in quality of life. There is lack of documentation of the injured workers pain levels and lack of documentation of specific functional improvement with the use of Percocet. These are necessary to meet MTUS guidelines. Therefore, the request for Percocet is not medically necessary.