

Case Number:	CM15-0026441		
Date Assigned:	02/18/2015	Date of Injury:	12/01/2006
Decision Date:	04/02/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/11/2015

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: Virginia
 Certification(s)/Specialty: Neurology

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 56 year old female, who sustained an industrial injury on 12/1/2006. The diagnoses have included repetitive strain injury, tenosynovitis, lumbago and myofascial pain syndrome. Treatment to date has included medication. According to the Primary Treating Physician's Progress Report dated 1/20/2015, the injured worker reported that her functional levels had decreased since her Opana was discontinued. She reported feeling a hole in her back, very painful. She had a problem walking her dog due to pain in her back and arms. She also complained of bilateral forearm pain and right shoulder pain. The injured worker also complained of sharp pain going down her left anterior thigh. A urine drug screen from 10/16/2014 was noted to be consistent with prescription use. Objective findings revealed pain with resistive testing of shoulders, arms and wrists. There was tenderness to palpation to the left shoulder in general. Lumbar spine had decreased range of motion. Treatment plan was to continue medications. Percocet, Mirtazapine, Gabapentin and Lorazepam were refilled. On 1/23/2015, Utilization Review (UR) non-certified a request for Percocet 10/325mg Quantity 120. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section: Opioids Page(s): 76-77.

Decision rationale: Chronic pain medical treatment guidelines recommends opioids for the treatment of chronic pain. The guideline specifies that there be a specific treatment plan established for a therapeutic trial of opioids for pain relief. Such a treatment plan must be tailored to the individual patient. Questions asked prior to starting treatment with opioids includes a reasonable consideration that alternative treatments have been tried first. The clinician must consider how likely the patient is to improve as well as considering the potential likelihood for abuse of the medication. The guidelines identify four domains as most relevant for monitoring ongoing chronic pain in patients treated with opioid medications. These domains are pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant drug related behaviors. The monitoring of these outcomes over time should provide a framework of documentation of the clinical use of these medications. In the case of the injured worker, there is no clarification of a specific treatment plan in the medical record that monitors the injured workers consideration of other agents or response to other agents. There is no clinical expectation of the injured worker's likelihood to improve or potential for abuse of the medication. Therefore, according to the guidelines, and a review of the evidence, a request for Percocet- 10/325 mg, #120 is not medically necessary.