

Case Number:	CM15-0059192		
Date Assigned:	04/29/2015	Date of Injury:	08/23/2009
Decision Date:	06/01/2015	UR Denial Date:	03/21/2015
Priority:	Standard	Application Received:	03/29/2015

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 57 year old female who sustained an industrial injury on 08/23/2009. Diagnoses include cervical degenerative disc disease, status post shoulder surgery for adhesive capsulitis, insomnia, negative electrodiagnostic studies of the left upper extremity done 09/30/2013, thoracic pain, and chronic low back pain with disk desiccations at L1-L2 and L4-L5 shows bulging disk at this level. Treatment to date has included status post left shoulder arthroscopy for adhesive capsulitis in 2011, medications and Transcutaneous Electrical Nerve Stimulation Unit. A physician progress note dated 02/25/2015 documents the injured worker complains of ongoing neck and back pain. Trazadone helps her with sleep. A recent sleep study was negative for apnea. She continues to walk slowly with a cane. The treatment plan included medication prescriptions, awaiting psychiatrist's note, and a follow up visit. Treatment requested is for Percocet 10/325mg #180. The IW was previously weaned off Duragesic patch. The medications listed are trazodone, ibuprofen, colace, Prilosec and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedatives. The guidelines recommend that chronic pain patients with co-existing psychosomatic symptoms be treated with anticonvulsant and antidepressant medications. There is no record that the patient failed treatment with these non-opioid co-analgesics. There is no detailed documentation of guidelines required compliance monitoring of serial UDS, absence of aberrant behavior, CURES data reports and functional restoration. The criteria for the use of Percocet 10/325mg #180 was not met. There is a pending referral for psychiatric treatment. The guidelines recommend that patient on high dose opioid who are diagnosed with psychosomatic disorders be referred to Pain Programs or Addiction / Psychiatric specialists for safe weaning.