

Case Number:	CM15-0073334		
Date Assigned:	05/04/2015	Date of Injury:	08/20/1999
Decision Date:	06/02/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/17/2015

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: Ohio, North Carolina, Virginia
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 54 year old female, who sustained an industrial injury on 08/20/1999. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical herniated nucleus pulposus. Treatment to date has included chiropractic therapy, medication regimen, and acupuncture. In a progress note dated 03/23/2015 the treating physician reports complaints of trapezius spasms along with an increase in tightness, stiffness, and a decrease in range of motion. The treating physician requested Percocet 10/325mg with a quantity of 60, but the documentation provided did not indicate the specific reason for the request of this medication.

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.

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

Decision rationale: Those prescribed opioids chronically require ongoing assessment of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued when there is pain relief and functional improvement and/or the injured worker has regained employment. Typical questions regarding pain which should be asked include least pain, average pain, worst pain, duration of analgesia from medication, and time to onset of analgesia. In this instance, medications are said to help with the injured worker's pain. The exact type of medication which has been helpful is not specified but presumed to be percocet. The submitted medical record contains no reference to levels of functionality as a consequence of treatment. There are no records present to suggest that urine drug screening or pharmacy database inquiries have been done. Pain levels should be assessed at each visit and functional status should be assessed via a validated scoring system every 6 months. In short, the requirements for continued opioid treatment have not been satisfied. Percocet 10/325 mg #60 is not medically necessary and appropriate.