

Case Number:	CM15-0075087		
Date Assigned:	04/24/2015	Date of Injury:	12/29/2010
Decision Date:	05/26/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/20/2015

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: Physical Medicine & Rehabilitation, Pain Management, 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:

This 49-year-old woman sustained an industrial injury on 12/29/2010. The mechanism of injury is not detailed. Diagnoses include degeneration of lumbar or lumbosacral intervertebral disc, cervical spine sprain/strain, and muscle spasm. Treatment has included oral and topical medications, acupuncture, and application of heat, electrical stimulation, and lumbar spine epidural steroid injections. Physician notes dated 2/24/2015 show complaints of low back pain. Recommendations include continue current medication regimen and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, 1 tablet three times per day #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: MTUS 2009 states that opioids used to treat chronic non-cancer pain should be discontinued if there is no functional improvement. The patient is considered very disabled due to the severity of the pain. Percocet has been prescribed instead of Norco. A recent urine drug screen did not detect any hydrocodone after the patient had been prescribed a large quantity of Norco. There is no need for weaning opioids since none were detected in the urine drug screen. Therefore, this request for #90 Percocet with 2 refills is denied based upon the lack of adherence to the prescription and the lack of functional benefit. This request is not medically necessary.