

Case Number:	CM15-0092588		
Date Assigned:	05/19/2015	Date of Injury:	04/09/2008
Decision Date:	06/18/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/13/2015

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: Emergency 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 61 year old female with an industrial injury dated 4/09/2008. The injured worker's diagnoses include cervical pain, lumbar radiculopathy, spinal/lumbar degenerative disc disease, low back pain and sprain of lumbar region. Treatment consisted of diagnostic studies, prescribed medications, lumbar epidural steroid injection (ESI) dated 3/18/2015, psychology therapy and periodic follow up visits. In a progress note dated 4/21/2015, the injured worker reported neck pain and lower backache. The injured worker rated pain "85 on a scale of 1 to 10" without medications. The injured worker reported that she was not trying any other therapies for pain relief and her activity level has decreased. Objective findings revealed slowed gait, restricted cervical range of motion with tight muscle band, and tenderness to palpitation of the lumbar spine with restricted lumbar range of motion. Decreased ankle jerk and patellar jerk were also noted on examination. The treating physician prescribed Percocet tab 5/325 mg #60 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet tab 5/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-79.

Decision rationale: Percocet is acetaminophen and Oxycodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Provider has failed to document any objective improvement in pain and function as required by MTUS guidelines. Patient continues to have severe pain and also no improvement in objective function. There is documentation of nausea and lethargy. Lack of any functional objective improvement and signs of side effects do not support continued opioid therapy. Percocet is not medically necessary.