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| Case Number: | CM14-0141801 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 01/08/2011 |
| Decision Date: | 10/22/2014 | UR Denial Date: | 08/19/2014 |
| Priority: | Standard | Application Received: | 09/02/2014 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 38 year-old female was reportedly injured on January 2011. The mechanism of injury is reported as a slip and fall from a semi-truck cab that resulted in upper extremity and low back injuries. The most recent progress note, dated September 11, 2014, indicates that there are ongoing complaints of low back pain that was worsening. The physical examination demonstrated tenderness to palpation, a decreased range of motion, and an altered gait pattern. Diagnostic imaging studies were not reviewed. Previous treatment includes conservative care, medications, physical therapy and pain management interventions. The work status, as of this progress note, is indicated as off work. A request for Percocet 5/325mg #120 was denied in the pre-authorization process on August 19, 2014..

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List, Oxycodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: As noted in the MTUS this is for the short-term management of moderate to severe breakthrough pain and can be effective in controlling chronic pain. Furthermore, as outlined in the MTUS the treatment plan parameters outlined in the MTUS for chronic opioid use require noting if the diagnosis has changed, other medications being employed, if any attempt has been made to establish the efficacy of the medications and documentation of functional improvement. Furthermore, adverse effects have to be addressed. None of these parameters to continue this medication chronically have been measured. Therefore, the medical necessity is not established.