

Case Number:	CM13-0032318		
Date Assigned:	12/11/2013	Date of Injury:	02/21/2006
Decision Date:	02/05/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in California. 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 physician 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 employee is a 57-year-old man who sustained a work related injury on 2/21/06. He has a past medical history of cervical spine surgery in 2006 and 2010. The employee's physical examination demonstrated tenderness and spasm in the cervical region. An MRI of the cervical spine performed on 2/22/11 showed a small non enhancing cord signal abnormality on the right at C6-7. An EMG/NCV study of the upper extremities performed on 3/3/11 showed right moderate carpal tunnel syndrome. The provider is requesting authorization for Percocet 10/325mg one tablet four times daily as needed, quantity 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg one tablet four times daily as needed, quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-Term Users of Opioids Page(s): 88-89.

Decision rationale: According to the guidelines for long-term use of opioids, it is necessary to reassess patients for any diagnosis change, efficacy of the medication, functional improvement, documentation of adverse reactions, and need for psychological evaluation. In this case, there a lack of objective documentation of functional improvement with continuous opioid use. Based

upon the medical records provided, the employee was resistant to Percocet. There is no justification for chronic use of Percocet. The employee was recently approved for nortriptyline. Therefore, the requested Percocet 10/325mg one tablet four times daily as needed, quantity 120 is not medically necessary.