

Case Number:	CM13-0058066		
Date Assigned:	12/30/2013	Date of Injury:	02/25/2003
Decision Date:	03/28/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/26/2013

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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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 patient is a 50-year-old female who was injured on February 25, 2003. The patient continued to experience severe neck pain and severe headaches. Diagnoses included cervical degenerative disc disease, chronic intractable neck pain, chronic headaches, and neuropathic pain. Physical examination showed 5/5 motor strength in the upper and lower extremities and intact sensation to light touch. Treatment included medications, botox injections, and cervical spinal fusion. CT myelogram was done on February 8, 2012 and showed advanced degenerative disease of the C3-4 and C4-5 facet joints, left-sided foraminal stenosis at C3-4, and mild neural foraminal stenosis at L4-5. There were no disc protrusion and no spinal stenosis. Requests for authorization for neurosurgical consultation, cervical CT myelogram, and Percocet 10.25 were submitted on November 8, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Neurosurgical Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

Decision rationale: Referral for surgical consultation is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than one month or with extreme progression of symptoms, clear clinical, imaging, and electrophysiological evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long term, or unresolved radicular symptoms after receiving conservative treatment. In this case the patient is having severe neck pain and headaches. Documentation does not support the presence of radiculopathy or the limitations in the activities of daily living. In addition the diagnostic imaging performed in February 2012 for the same symptoms did not reveal disease that was amenable to surgical intervention. There is no indication for surgical consultation. Therefore the request for 1Neurosurgical Consultation is not authorized.

1 Cervical CT Myelogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Myelography.

Decision rationale: In this case, there is no documentation that the patient had any of the indications for CT myelography. In addition the CT myelogram performed in February 2012 for the same symptoms did not reveal disc disease or spinal stenosis. Medical necessity is not established for the CT myelogram, and therefore is not authorized.

1 Prescription of Percocet 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Percocet 10/325 is compounded medication containing oxycodone/acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient had been receiving Percocet for pain since at least June 2012. The patient was not obtaining analgesia. IN addition there is no

documentation of an opioid contract or urine drug testing. Criteria for opioid use are not met and the request is not authorized.