

Case Number:	CM13-0067549		
Date Assigned:	01/03/2014	Date of Injury:	12/12/2007
Decision Date:	04/21/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/17/2013

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 Occupational 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 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 applicant is a represented [REDACTED] employee who filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of December 12, 2007. Thus far, the applicant has been treated with analgesic medications, attorney representation, transfer of care to and from various providers in various specialties, prior shoulder surgery, opioid therapy and extensive periods of time off of work. In a utilization review report of November 26, 2013, the claims administrator denied a request for Percocet, stating that there were no significant physical exam findings to support usage of Percocet. The claims administrator noted that many other conditions from which the applicant was complaining of pain, including a recently operated upon hip, were non-industrial. The applicant's attorney subsequently appealed. A June 4, 2013 progress note is notable for comments that the applicant is having persistent neck and shoulder pain. The applicant is on Flector, Lidoderm, Percocet, Colace, Neurontin, Soma, Advil, and Catapres. The applicant is obese with a BMI of 35, it was appreciated. Significant limited shoulder range of motion was noted with flexion and abduction in the 60- to 70-degree range. The applicant was given diagnoses of lumbar radiculopathy, low back pain, cervical spine pain, and shoulder pain. Percocet was renewed, along with Soma. The applicant was described as not working. A November 12, 2013 progress note is notable for comments that the applicant is status post recently thyroid surgery. Her pain levels have increased. She is having heightened neck pain, seemingly the result of the recent thyroid surgery. Her BMI is again described as 35. Limited lumbar, cervical, and shoulder range of motion are appreciated. The applicant, in addition to being status recent thyroid surgery, is also status post hip replacement on August 20, 2013. The applicant is using three Percocet a day, it is stated. It is again stated that ongoing usage of Percocet has improved the applicant's function and activities of daily living. The applicant denies any side effects. Both Percocet and Baclofen are renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325MG #90: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 75.

Decision rationale: As noted on page 75 of the MTUS Chronic Pain Medical Treatment Guidelines, short acting opioids are often used for intermittent or breakthrough pain. These include agents such as Percocet, the drug in question here. In this case, the applicant was status post recent neck surgery (thyroid surgery) in November 2013, i.e., just prior to the clinical progress note of November 12, 2013 and just prior to the utilization review report of November 26, 2013. Usage of a short-acting opioid such as Percocet to combat breakthrough postoperative pain was indicated, appropriate, and supported by the page 75 of the MTUS Chronic Pain Medical Treatment Guidelines. It is noted that the attending provider has seemingly suggested that the applicant also meets criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the primary treating provider has documented ongoing analgesia and improved ability to perform activities of daily living as a result of ongoing Percocet usage. Postoperative usage of Percocet to combat breakthrough pain was indicated and appropriate. Therefore, the request is certified.