

Case Number:	CM14-0111922		
Date Assigned:	08/01/2014	Date of Injury:	07/30/2006
Decision Date:	11/03/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/17/2014

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 Family Practice, 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:

54 yr. old male claimant sustained a work injury on 7/30/06 involving the neck. He was diagnosed with cervicgia, spinal stenosis and brachial radiculitis. He had been on Percocet and MS Contin since at least 2013 for pain control. A progress note on 7/1/14 indicated the claimant had 7-9/10 pain in the neck radiating to the left arm. The findings were similar to a 12/2013 examination. Exam findings were notable for C3-C7 facet tenderness with radiation to the shoulder. The treating physician requested nerve blocks and the claimant was continued on Percocet along with MS Contin for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg (2 units): Upheld

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 Page(s): 82-92.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines are not indicated at 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial

basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Percocet for a year without significant improvement in pain or function. The continued use of Percocet is not medically necessary.