MAXIMUS Federal Services

Case Number:	CM14-0025115		
Date Assigned:	06/13/2014	Date of Injury:	06/18/2002
Decision Date:	07/15/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/27/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 58 year old female who sustained an injury on 06/18/02 while attempting to treat a combative client. No specific mechanism of injury was noted; however, the injured worker did develop complaints of neck pain. This was treated ultimately with an anterior cervical discectomy and fusion from C4 to C6 performed in January of 2003. The injured worker did attend postoperative physical therapy. The injured worker also was followed for complaints of low back pain which was treated with epidural steroid injections. The injured worker did have lumbar facet rhizotomy procedures completed through 2007. It also appears that the injured worker had prior sacroiliac joint rhizotomy procedures. The injured worker's medication history has included Topamax, Celebrex, Lyrica, and Vicodin for pain. The injured worker was being followed by treating physician for pain management. She received prescription medications including Celebrex, Topamax, Lidoderm patches, Percocet, and Soma. The injured worker was seen on 11/15/13 by treating physician for continuing complaints of low back pain radiating to the left lower extremity as well as the left upper extremity with associated numbness. The injured worker did report ongoing low back pain radiating to the lower extremities ranging from 6-9/10 on the visual analogue scale (VAS). The injured worker did report significant benefit with medications and the injured worker wished to have repeat rhizotomy procedures completed. On physical examination, there was noted moderate tenderness to palpation in the lumbar spine over the paraspinal musculature. There was dysthesia noted in the lower extremities at the lateral legs as well as the bilateral 1st and 2nd toes. Medications were continued at this visit to include Percocet 10/325mg utilized every 8 hours. Follow up on 01/17/14 noted no changes in the injured worker's symptoms; however, there was noted reduction in pain scores down to 2-3/10 on the visual analogue scale (VAS). Physical examination findings remained unchanged. The medications were continued for this injured

worker unchanged at this visit. Follow up on 02/07/14 noted that the injured worker's pain had returned to more severe levels between 7 and 9/10 on the visual analogue scale (VAS). The injured worker indicated that without medications, her pain had increased to severe levels. The injured worker did report ongoing significant benefit with the use of medications. The injured worker's physical examination findings remained unchanged at this evaluation. The injured worker was recommended to continue with Percocet at 10/325mg every 8 hours. The follow up report on 02/27/14 indicated the injured worker would be completely incapacitated without her medications. The injured worker had been able to work full time as a nurse practitioner and with medications was able to continue with work. No changes in the injured worker's medications were noted at this evaluation. The injured worker's physical examination findings remained unchanged. The requested Percocet 10/325mg, quantity 90 was denied by utilization review on 01/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325 MG #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: Percocet 10/325mg, quantity 90, is medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. The injured worker has continued to utilize multiple medications in addressing chronic myofascial pain as well as neuropathic symptoms since 2012. The most recent clinical reports did note the injured worker was able to work full time with her current prescribed medications. The injured worker felt that without medications she was completely incapacitated. Pain scores were noted to have been reduced by at least 50% with the ongoing use of Percocet. Per guidelines, Percocet can be considered as an option for the treatment of severe musculoskeletal pain. Guidelines recommend there be ongoing assessments regarding functional improvement and pain reduction to warrant continuing use of this type of short acting narcotic. The injured worker is noted to be compliant with medication use, has objective evidence of functional improvement and able to continue working, and there was more than 50% relief of pain. There are sufficient findings to note that Percocet is providing benefit to the injured worker. The injured worker's current morphine equivalent dosage (MED) is under the recommended maximum per day set at 120mg MED. Given the objective evidence to support the efficacy of Percocet, this request is medically necessary.