

Case Number:	CM14-0076971		
Date Assigned:	07/18/2014	Date of Injury:	01/04/2009
Decision Date:	10/01/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/27/2014

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in 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 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 patient is a 72-year-old male who has submitted a claim for bilateral C7 radiculopathy with bilateral upper extremity weakness, bilateral C6 radiculopathy with bilateral upper extremity weakness, anterior cervical discectomy and fusion C5-6 and C6-7, central and right lateral disc protrusion at C5-6 displacing the right C7 nerve root, bilateral C6-7 neural foraminal stenosis, severe on the right and moderate on the left, bilateral C5-6 neural foraminal stenosis, moderate to severe on the right and moderate on the left, central and right lateral disc protrusion at C5-6, central and left paracentral disc protrusion at C3-4 with mild bilateral neural foraminal stenosis, cervical facet joint arthropathy from C2 through C7, left medial epicondylitis and ulnar neuritis, closed head injury, post-concussion syndrome, left shoulder internal derangement, left shoulder traumatic arthritis, deconditioning secondary to industrially-related injury, decreased sleep secondary to industrially-related chronic pain, hemochromatosis, hypertension, and diverticulitis associated with an industrial injury date of 01/04/2009. Medical records from 03/28/2013 to 05/20/2014 were reviewed and showed that patient complained of bilateral neck pain graded 5-6/10 radiating down the left upper extremity. Physical examination revealed decreased cervical spine ROM, weakness of left wrist extensors, left deltoid, and left hand intrinsics, decreased sensation of left upper extremity, and positive nerve root tension signs on the left and cervical discogenic maneuvers. Treatment to date has included anterior cervical discectomy and fusion C5-6 and C6-7 (date not made available), left C5-6 transforaminal ESI under fluoroscopic guidance (02/07/2013 and 03/13/2014), Percocet 10/325mg #120 (prescribed since 10/03/2013), Neurontin, Lyrica, and other oral and topical pain medications. Of note, there was no documentation of functional outcome from aforementioned treatment. Utilization review dated 05/02/2014 denied the request for Percocet 10/325mg x 100 because chronic opioid therapy was not recommended by the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/ 325 mg x 100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: According to page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. There was no documentation of pain relief, functional improvement, and recent urine toxicology review, which are required to support continued use of opiates. In this case, the patient was prescribed Percocet 10/325mg #120 since 10/03/2013. There was no documentation of analgesia or functional improvement with Percocet use to support continuation of opiates treatment. Therefore, the request for Percocet 10/ 325 mg x 100 is not medically necessary.