

Case Number:	CM14-0079052		
Date Assigned:	07/18/2014	Date of Injury:	12/28/2005
Decision Date:	08/25/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/29/2014

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 California and Washington. 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 62-year-old female who reported an injury on 12/28/2005 by an unspecified mechanism. The injured worker's treatment included medications, surgery, physical therapy, back brace, medications, x-rays, urine drug screen, Electromyogram (EMG) and Nerve Conduction Studies, and magnetic resonance imaging (MRI). Within the documentation submitted, the injured worker had a urine drug screen on 01/20/2014 that was positive for opiates. The injured worker was evaluated on 06/17/2014. It was documented the injured worker complained of increasing pain in her left thumb. She had pain over the cervical spine with numbness and tingling affecting the left upper extremity. She had increased thoracic and low back pain over the last month. The injured worker stated her muscle spasms have improved with the use of baclofen as needed. Physical examination of the cervical spine revealed mild bilateral cervical paraspinal tenderness. Range of motion: Flexion 50 degrees, extension 30 degrees, and right rotation and left rotation 30 degrees. The lumbar spine revealed moderate bilateral lumbar paraspinal tenderness from L3 to S1. She had 2+ muscle spasms. Range of motion of the lumbar spine: Flexion 25 degrees, extension 5 degrees, and rotation right and left 20 degrees. Medications included Cymbalta 60 mg, Dymista nasal spray 137 mcg/50 mcg, gabapentin 100 mg, Geodon 40 mg, Percocet 10/325 mg, baclofen 10 mg, Imitrex 100 mg, iron supplement 65 mg, and levothyroxine 125 mcg. It was noted the injured worker is currently utilizing Percocet 10/325 mg up to 4 times a day if needed for breakthrough pain. It noted her functional improvement with the medication was 5/10 and without medication it was 9/10. The injured worker had continuous improvement with pain levels and function benefitting from pain medication. It reduced her pain levels and allowed her to function. Diagnoses included status post anterior cervical discectomy and fusion at C4-5, C5-6, and C6-7, and posterior cervical

fusion C4-7, status post anterior vertebrectomy and spinal canal decompression L1-4, anterior discectomy, bilateral foraminotomy, nerve root decompression L1-4, anterior fusion L1-4, revision bilateral foraminotomy, nerve root decompression L3-4, posterior osteotomy, T10-L3, intermittent posterior fusion, T10-L4, revision and re-instrumentation L4-S1, status post anterior partial vertebrectomy at L4-5 and L5-S1, anterior interbody fusion at L4-5 and L5-S1, posterior lumbar laminectomy at L4-5 and L5-S1, posterior lateral fusion at L4-5 and L5-S1 with posterior instrumentation status post right total hip arthroplasty and status post left hip arthroplasty. The request for authorization dated on 04/17/2014 was for Percocet 10/325 mg for breakthrough pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120 with 3 refills: 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, criteria for use Page(s): page(s) 78.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Schedule guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. On 01/20/2014 the injured worker had positive urine drug screen for opioids however there was lack of documentation of pain management and long-term functional improvement goals for the injured worker. On 06/17/2014 the injured worker complained of low back pain and pain in her left thumb. The provider noted her functional capacity with medications allows her to function. Her pain level without medications was 9/10 and with medications 5/10. In addition, the request does not include the frequency or duration. Given the above, for Percocet 10/325 mg #120, with 3 refills is not medically necessary.