

Case Number:	CM13-0028508		
Date Assigned:	03/28/2014	Date of Injury:	02/10/2009
Decision Date:	03/27/2015	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/24/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine

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 44 year old female who was injured on 02/10/2009. Mechanism of injury is unknown. Her diagnoses include cervical radiculopathy, cervical disc degeneration, headaches, chronic pain, right elbow epicondylitis, and ulnar neuritis. Diagnostic studies reviewed include MRI of the cervical spine dated 04/07/2011 showing mild diffuse disc disease of the cervical spine. No neural foraminal narrowing or spinal stenosis. Electrodiagnostic study dated 08/23/2011 revealed there is evidence of mild chronic C8 cervical radiculopathy. Patient had a great difficulty with the right upper extremity recruitment portion of the needle electromyography exam due to pain. However recruitment was proportional to the effort. There were no findings of active denervation in any of the upper extremity muscles tested. There is no evidence of an upper extremity focal nerve entrapment. There were urine toxicology reports dated 02/26/2013, 09/03/2013, and 09/03/2013. Prior treatment history has included medications: MS Contin 30 mg 1 tablet bid #60 and Volatren 1% gel, 1-3 grams to area tid, #300, Compazine 10 mg tablet 1 p.o. daily, Fioricet 50-325 mg tablet 1 p.o.qd #30, Flexeril 10 mg 1 tablet p.o.tid #90, Naproxen sodium 550 mg tablet 1 bid #60, Percocet 5-325 mg 102 tablets p.o. q8 hours #180, Lyrica 75 mg capsule 1 bid #60. The patient underwent selective catheterization C5-7, cervical epidural space with infusion port, myelogram cervical epidural space on 02/05/2013, 05/14/2013 and 12/10/2013. Pain medicine evaluation dated 09/03/2013 documented the patient to have complaints of neck pain that radiates to bilateral upper extremities, to the level of elbow, hand and fingers. The neck pain is associated with tingling and numbness in the upper extremity and associated with swelling. The patient also complained of right elbow pain. The pain level is 7/10 with medications and 10/10 without medications.

Objective findings on exam included the patient was observed to be in moderate distress. The range of motion of the lumbar spine revealed moderate reduction secondary to pain. Lumbar myofascial tenderness was noted in the lumbar spine at the L4-S1 level. Lumbar myofascial tenderness and paraspinous muscle spasm was noted on palpation. Right elbow examination revealed lateral and medial tenderness, positive swelling. The treating provider has requested Percocet 5/325 #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Percocet 5/325mg, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91-97.

Decision rationale: The documentation indicates the claimant is a 44 yo female with chronic neck pain with radiculopathy documented on electrodiagnostic testing. The documentation indicates the enrollee has been treated with opioid therapy with Percocet 10/325mg. Per California MTUS Guidelines, short-acting opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that she has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the continued use of short acting opioid medications. The patient may require a multidisciplinary evaluation to determine the best approach to treatment of his chronic pain syndrome. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.