MAXIMUS Federal Services

Case Number:	CM14-0124593		
Date Assigned:	08/08/2014	Date of Injury:	02/18/2003
Decision Date:	07/08/2015	UR Denial Date:	07/26/2014
Priority:	Standard	Application Received:	08/06/2014

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. 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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old male who sustained a work related injury February 18, 2003, to his left shoulder, right and left wrist, while working as a carpenter. Past history included bilateral carpal tunnel syndromes, decompression left median nerve and carpal tunnel, decompression anterior transposition left ulnar nerve elbow, application of long arm splint October 27, 2004, right hand/wrist and right elbow surgery June 2006, 4-level cervical fusion October 2007. According to the secondary treating physician's progress evaluation, dated July 10, 2014, the injured worker presented with continued low back pain which increases with activities. He reports his pain medication allows a decrease in symptoms and ability to perform household chores. He has been walking more and riding a bicycle intermittently with the use of medication. There is significant tenderness in the lumbar paraspinal musculature with active taut muscle bands. The pain is extending into the right lower extremity with a straight leg raise along the L4 distribution and to a lesser extent L5. Range of motion is limited due to pulling pain with forward flexion at 40 degrees, extension 15 degrees and left and right lateral flexion 15 degrees bilaterally. Diagnoses are s/p anterior cervical discectomy and fusion C3-C7; bilateral upper extremity radicular pain with chronic C7 radiculopathy bilaterally; acute exacerbation of myofascial pain and spasm; right lower extremity radiculopathy and ongoing acute L5 radiculopathy and old L3-L4 radiculopathy; s/p lumbar spine microdiscectomy. Treatment plan included authorized follow-up evaluation, blood work, ibuprofen and at issue, a request for authorization for Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial and opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show the patient with acute onset and flare-up of pain, unable to work due to sudden progression of pain and clinical findings. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is indication the patient is able to have functional benefit in light of the acute flare and progressive deterioration. The Percocet 10/325mg #60 is medically necessary and appropriate.