

Case Number:	CM14-0134792		
Date Assigned:	08/27/2014	Date of Injury:	12/04/2006
Decision Date:	01/07/2015	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/21/2014

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 Medicine and is licensed to practice in Texas and Florida. 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 65-year old male who was injured on 12/4/2006. The diagnoses are cervical spondylosis, neck, low back and bilateral knee pain. There are associated diagnoses of depression, anxiety, insomnia and headache. The past surgery history is significant for bilateral knees and shoulder surgeries. The patient completed cervical facet Rhizotomy. On 6/7/2014, [REDACTED] noted that the patient is being weaned off Percocet after the Rhizotomy. The patient complained that the injection helped for only 2 days. The patient had fallen 2 times and the back pain had now gotten worse. The pain score was rated at 7-8/10 on a scale of 0 to 10. There was objective finding of tenderness to the paraspinal muscles of the lumbar spines. The UDS was consisted on 6/7/2014. The medications listed are OxyContin, Percocet for pain, diazepam and Lexapro. It is unclear which medications are current. A Utilization Review determination was rendered on 8/15/2014 recommending non-certification for Percocet 10/325mg 4-6 hourly PRN #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg one po every 4-6 hours as needed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2
Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)
Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The chronic use of opioids is associated with the development of tolerance, dependency, addiction, opioid induced hyperalgesia, sedation and adverse interaction with other sedatives. The records indicate that the patient had been utilizing high dose opioids medications. There is co-existing diagnoses of depression and anxiety disorder. The patient is utilizing other sedative medications. There is history of frequent falls and increased pain despite high dose opioid treatment which is indicative of possible opioid adverse effects. The guidelines recommend the use of anticonvulsant and antidepressant with analgesic properties for the treatment of chronic pain associated with psychosomatic symptoms. The criteria for the use of Percocet 10/325mg 4-6hourly PRN #150 was not medically necessary.