

Case Number:	CM14-0179922		
Date Assigned:	11/04/2014	Date of Injury:	01/19/2010
Decision Date:	03/05/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	10/29/2014

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. 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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 69 year old male, who sustained an industrial injury on 1/19/2010. The documentation noted that he was pulling a pallet jack when he experienced sudden onset of cervical and low back pain. June 1, 2011 the injured worker underwent an anterior cervical discectomy and fusion of C3-4 and C6-7. The documentation noted that since his surgery he has been treated with physical therapy, medications and epidural injections for his low back. On July 17, 2012, the injured worker's post-operative diagnosis was sacroilitis on right side and on March 1, 2013 postoperative diagnosis of lumbar stenosis, lumbar radiculopathy, lumbar degenerative disc disease. On 10/1/2014 the injured worker was seen for a follow up appointment. The documentation noted that he had not obtained his imaging as ordered because he was not aware of the authorization. Pain has worsened since last visit, needing to take more medications. The documentation noted that soma was helpful to alleviate muscle spasms and cramps, but continued to be denied. The injured worker complained of cervical and lumbar pain, neck pain radiated into the left trap, forearm and hand, associated with numbness and tinkling in fingers and forearm on the left. He complained of low back pain with radiation into right buttocks, thigh, and lateral right ankle pain. Inspection of the cervical spine was within normal limits, no erythema, swelling, deformity or tenderness; the lumbar spine inspection and palpation was within normal limits, no erythema, swelling deformity or tenderness and range of motion is within normal limits. Muscle strength testing was 5/5 in all major muscle groups. Electromyogram was noted to be modified to let upper extremity only. According to the utilization review performed on 10/28/14 the initial utilization review report dated 5/21/14

indicates that Percocet 10/325mg, quantity 80, refills 0 was partially certified to allow an opportunity for submission of medication compliance guidelines. According to the utilization review performed on 10/28/14, the request for percocet 10/325mg, 180 count has been non-certified per the use of the CA MTUS chronic pain 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, 180 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Percocet for a several months without significant improvement in pain. The claimant's function and exam was unremarkable. The continued use of Percocet is not medically necessary