

Case Number:	CM14-0192044		
Date Assigned:	11/25/2014	Date of Injury:	12/03/2007
Decision Date:	01/12/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/17/2014

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 Family Medicine and is licensed to practice in New Jersey and New York. 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 63 year-old female who was injured on 12/3/07 due to cumulative trauma to her neck and bilateral shoulders. She complained of neck pain with pain radiating down her right upper extremity. On exam, there is paraspinal muscle tenderness, decreased rotation of the cervical spine. She was diagnosed with lumbosacral spondylosis, chronic pain syndrome, cervical spondylosis, cervical and lumbar degenerative disc disease, cervicgia, and lumbago. A thoracic MRI showed a broad-based posterior disc bulge between T7-8 through T11-12, spinal stenosis at T9-10, narrowing of the neural foramina between T8-9 through T10-11. Lumbar MRI in 4/2010 showed multilevel degenerative disc disease with moderate disc narrowing at all levels with facet arthropathy. His medications included Cymbalta, Methocarbamol, Celebrex, and Percocet. In 2011-2012, she has had radiofrequency lesioning with significant relief of upper neck pain that lasted for several months. She also had medial branch blocks. She underwent physical therapy and chiropractic treatments. The current request is for Percocet. As per the summary, the patient has been on "Percocet for years and has been able to live a satisfactory quality of life w/ it, not w/o it nor at bid dosing; she'll be unable to do domestic tasks, go out and/or care for her grandson at that level. She is "extremely compliant, rational, and stable... and the 4 A's have and will continue to be monitored/assured." A 9/2014 progress note states that with Percocet 120/month, her pain level is less than 4, until recent upper back pain. Her pain with Percocet is 6-7, but 8-10 without medications. She can "do a lot more, like empty a dishwasher." She does not have side effects with the medications. No aberrancy was noted, substantiated by CURES report and she had a urine drug screen that day. Results were not included in the chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE/APAP 10/325 MG #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for continued use of Percocet is medically necessary. As per the chart, the patient has been on "Percocet for years and has been able to live a satisfactory quality of life w/ it, not w/o it nor at bid dosing; she'll be unable to do domestic tasks, go out and/or care for her grandson at that level. She is "extremely compliant, rational, and stable... and the 4 A's have and will continue to be monitored/assured." A 9/2014 progress note states that with Percocet 120/month, her pain level is less than 4, until recent upper back pain. Her pain with Percocet is 6-7, but 8-10 without medications. She can "do a lot more, like empty a dishwasher." She does not have side effects with the medications. No aberrancy was noted, substantiated by CURES report and she had a urine drug screen that day. Although results were not included in the chart, a substantial portion of the 4 A's have been included in the recent progress note which the utilization review felt was not sufficient evidence for medical necessity. However, the request for Oxycodone/APAP is medically necessary.