

Case Number:	CM15-0004294		
Date Assigned:	01/15/2015	Date of Injury:	12/01/2002
Decision Date:	03/10/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/08/2015

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 female patient, who sustained an industrial injury on 12/01/2002. A primary treating office visit dated 12/10/2014 reported subjective complaint of pain rated an 8 out of 10 in intensity after administration of pain medication. Two months prior her pain dropped to 6/10. Her quality of sleep is noted poor and her activity level is noted decreased. She is currently prescribed; Colpace, Senokot, Voltaren Gel, Protonix, Percocet and Nortriptyline Hydrochloride. She had been on opioids including Oxycodone since at least 2012. Magnetic Resonance Imaging performed 08/12/2014 revealed post-operative changes status post anterior cervical discectomy and fusion at C4-5 and C5-6 with improved stenosis at these two levels. Physical examination found cervical spine with scar. The range of motion is noted restricted with flexion limited to 25 degrees and limited by pain; extension limited to 20 degrees, limited by pain; lateral rotation is limited to 20 degrees bilaterally. Paravertebral muscles noted with hypertonicity, spasm and tenderness along with tight muscle band noted bilaterally. Spurling's maneuver causes pain in the neck muscles but no radicular symptom. She is diagnosed with cervical pain, cervical disc degeneration and shoulder pain. The treatment plan included cervical degenerative joint and disc disease status post fusion and right shoulder tendonitis/bursitis. On 12/17/2014 Utilization Review non-certified a request for Percocet 10/325 MG, noting the CA MTUS chronic Pain is cited. The injured worker submitted an application for independent medical review on 01/08/2015

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management.

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 years without significant improvement in pain or function in combination with other analgesics. Long-term use can lead to addiction and tolerance as noted in a rise in pain scores over time despite similar medication use. There was no indication of NSAID or Tylenol failure. The continued use of Percocet is not medically necessary.