

Case Number:	CM15-0145121		
Date Assigned:	08/06/2015	Date of Injury:	08/09/2012
Decision Date:	09/04/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/27/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 51-year-old male who sustained an industrial injury on 8/9/12. Injury occurred when he lost control of his truck and was involved in a motor vehicle accident. He underwent two left shoulder surgeries, including left shoulder arthroscopy with debridement and open revision rotator cuff repair on 2/25/14. The 6/19/14 cervical spine MRI demonstrate a C4/5 disc osteophyte complex with moderate to severe bilateral neuroforaminal stenosis, a C5/6 disc osteophyte complex with severe right and moderate to severe left neuroforaminal stenosis, and a C6/7 disc osteophyte complex with eccentric left foraminal component causing mild stenosis with 9 mm AP diameter and severe foraminal stenosis. The 6/25/15 treating physician report cited persistent radicular neck pain with significant headaches. Physical exam documented limited range of motion, tenderness throughout the cervical spine, and diminished left hand strength. The impression was multilevel degenerative disc disease with disc protrusions. The treatment plan recommended C4-C7 anterior cervical discectomy and fusion per the surgical consult. A refill of Percocet 10/325 mg was prescribed 1 to 2 tabs 3 times a day. Authorization was requested for anterior cervical discectomy and fusion from C4-C7 and Percocet 10/325 mg #180. The 7/6/15 utilization review certified the request for C4-C7 anterior cervical discectomy and fusion. The request for Percocet 10/325 mg #180 was modified to Percocet 10/325 mg #90 to allow for post-operative use at 6 doses per day for 30 days, noting there was no rationale to support 180 doses. The 7/23/15 treating physician report indicated that surgical intervention had been recommended and authorization was pending. He had increased neck pain with more radicular symptoms into the left upper extremity. He reported that his

medication was no longer effective. A higher level of pain medication was required to help with his significant neck pain and disc protrusions, so that he was able to do day-to-day activities without unbearable pain. The treatment plan included that Percocet would be discontinued and he was prescribed oxycodone IR 20 mg up to 6 per day. He was taken off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Percocet 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, specific drug list Page(s): 76-80, 92.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of Percocet for moderate to moderately severe pain on an as needed basis. Guidelines support doses from 10 to 30 mg for severe pain. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. This injured worker had been using Percocet since at least January 2015 in the management of his chronic radicular neck pain. Records indicated that his pain was maintained with Percocet. There was no evidence of a specific functional benefit, although the injured worker was able to continue working. The 7/6/15 utilization review modified the request for Percocet 10/325 mg #180 to #90 consistent with a one month supply. Subsequent records indicated that Percocet was no longer working and had been discontinued. Therefore, this request is not medically necessary.