

Case Number:	CM15-0161849		
Date Assigned:	08/27/2015	Date of Injury:	05/17/2014
Decision Date:	09/30/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60 year old male who sustained an injury on 5-17-14. The IW was driving his truck and was rear ended by a car behind him going at a speed of approximately 80 mph. complaints of neck, back, bilateral shoulder, right elbow, wrist, hand, finger pain and discomfort. Diagnoses include Cervical spine sprain; Lumbar spine sprain; Right rotator cuff syndrome; Left rotator cuff syndrome; Right upper arm muscle strain; Right elbow sprain; right wrist sprain; Strain of finger; Headache and Bilateral subjective tinnitus. Medications prescribed included Ibuprofen 800 mg, Trazodone 50 mg; Magnesium Oxide 400 mg. Diagnostic tests included X-rays, diagnostic studies, MRI of the cervical, thoracic and lumbar spine on 6-22-14; and Electromyogram and nerve conduction study. Treatment included physical therapy, audiology testing, pain medication and occupational therapy. In the current pain medicine report dated 7-1-15 the IW has neck pain that occurs constantly radiating down bilateral upper extremities. It is accompanied by numbness constantly in the right upper extremity to the level of the shoulder to the level of the elbow to the level of the wrist to the level of the hand to the level of the fingers. It is associated with bilateral temporal headache and is described as sharp, stabbing and severe in severity. The IW has severe difficulty to sleep. The low back pain is constant radiating down the right lower extremity accompanied by numbness in the right lower extremity. The pain is described as sharp, stabbing and severe in severity. The pain is rated as 8 - 10 in intensity with medications and 10 out of 10 without medications. A left Suprascapular Nerve Block was performed on 2-24-15 and a Lumbar fusion on 3-27-15. An injection of Toradol with B12 injection was given at this visit for the increased pain. Current diagnoses are

chronic pain; Lumbar Radiculopathy; Status Post Fusion; Lumbar spine and Insomnia. The IW is currently not working. Current medications are Ambien 10 mg tablet 1 every night; OxyContin extended release 20 mg 1 twice a day #60, Percocet 10-325 mg tablet, 1 tablet every 6 hours for pain #120. Current requested treatments Percocet 10-325 mg #120, OxyContin 20 mg #60

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in May 2014 and is being treated for radiating neck and low back pain. Medications are referenced as decreasing pain from 9-10/10 to 7/10. When seen, he had obtained pain medication from another provider due to pain after a dural puncture. Physical examination findings included appearing in severe distress. There was a slow and antalgic gait. There was decreased and painful cervical range of motion with cervical and lumbar tenderness and lumbar spasms. There was decreased upper extremity strength and sensation. There was left anterior shoulder tenderness. A Toradol injection was administered with good pain relief. OxyContin and Percocet were prescribed at a total MED (morphine equivalent dose) of 120 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Percocet (oxycodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Medications are providing marginal, but what is considered a clinically significant decrease in pain. The total MED is 120 mg per day consistent with guideline recommendations. Counseling regarding obtaining opioid medications from a single provider is recommended. Continued prescribing is medically necessary.

Oxycontin 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov; 94 (2):149-58.

Decision rationale: The claimant sustained a work-related injury in May 2014 and is being treated for radiating neck and low back pain. Medications are referenced as decreasing pain from 9-10/10 to 7/10. When seen, he had obtained pain medication from another provider due to pain after a dural puncture. Physical examination findings included appearing in severe distress. There was a slow and antalgic gait. There was decreased and painful cervical range of motion with cervical and lumbar tenderness and lumbar spasms. There was decreased upper extremity strength and sensation. There was left anterior shoulder tenderness. A Toradol injection was administered with good pain relief. OxyContin and Percocet were prescribed at a total MED (morphine equivalent dose) of 120 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. OxyContin is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Medications are providing marginal, but what is considered a clinically significant decrease in pain. The total MED is 120 mg per day consistent with guideline recommendations. Counseling regarding obtaining opioid medications from a single provider is recommended. Continued prescribing is medically necessary.