

Case Number:	CM15-0162795		
Date Assigned:	08/31/2015	Date of Injury:	10/05/2005
Decision Date:	10/13/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/19/2015

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 47 year old male who sustained an industrial injury on October 05, 2005. A primary treating office visit dated July 13, 2015 reported subjective complaint of neck pain, headaches, depression and bilateral upper extremity pains. Current medication regimen consisted of: Percocet, Norco, Naprosyn, Protonix, Robaxin, Flexeril and Zanaflex. He was diagnosed with: cervical disc displacement, myalgia and myositis, and cervicalgia. The plan of care noted continuing with medications; increase Lexapro to 20mg daily and follow up in one month. A primary treating interim orthopedic evaluation dated March 18, 2014 reported the worker with subjective complaint of back pain. A more recent primary treating office visit dated May 07, 2015 reported noted approval received to undergo spine surgery evaluation. He is with ongoing neck complaints that included difficulty driving. The plan of care noted continuing with medications. Current medication regimen consisted of: Percocet, Protonix, Morphine Sulphate, Trazodone, Naprosyn and Zanaflex. The report states "has been using more meds."

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Morphine sulfate 30mg #60 (7/8/15 DS: 30): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Oral morphine.

Decision rationale: Morphine is not indicated as 1st line for chronic neck pain. In this case, the claimant has been on Morphine for several months along with NSAIDS and Percocet. Current notes do not mention pain score reduction with its use. The claimant is using more analgesics indicating inadequate pain relief despite being on opioids. The claimant is also on the maximum allowable combined Morphine equivalent dosing when used with Percocet. The continued use of Morphine is not justified and not medically necessary.

Retrospective Percocet 10/325mg #180 (7/8/15 DS: 30): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

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. The claimant is using more analgesics indicating inadequate pain relief despite being on opioids. The claimant is also on the maximum allowable combined Morphine equivalent dosing when used with Morphine. The continued use of Percocet is not justified and not medically necessary. The continued use of Percocet is not medically necessary.