

Case Number:	CM15-0163894		
Date Assigned:	09/01/2015	Date of Injury:	10/09/2013
Decision Date:	10/05/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/20/2015

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: Texas, 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 49 year old female who sustained a work related injury October 9, 2013. Past history included status post anterior cervical decompression and fusion C3-C4, C4-C5, C5-C6 and C6-C7 March 26, 2015, and status post fracture of the right fifth finger. She underwent surgery for finger. According to a primary treating physician's progress report, dated July 7, 2015, the injured worker presented for follow-up re-evaluation with complaints of constant residual neck pain, rated 8-9 out of 10, with radiation to the bilateral upper extremities. She reports constant gradually worsening low back pain rated 8-9 out of 10 with radiation to the bilateral lower extremities. In addition, she complains of anxiety, depression, stress, and insomnia. Current medication included Neurontin, Flexeril, Percocet, MS Contin, and Lidoderm patches. Objective findings included; tenderness over L3-4, L4-5, and L5-S1 bilaterally, greater on the right and more leg pain on the left side; positive straight leg raise and tension signs bilaterally; motor weakness; decreased sensation L4 and L5 dermatomes. A positive report of an MRI of the lumbar spine, dated July 7, 2015, is present in the medical record. Diagnoses are L3-4 4mm right sided herniated nucleus pulposus with right neural foraminal narrowing and right L4 nerve root compression; L4-5 3mm herniated nucleus pulposus with bilateral foraminal narrowing; L5-S1 3mm herniated nucleus pulposus with annular tear and bilateral neural foraminal narrowing; bilateral lower extremity radiculopathy; critical stenosis, lumbar spine. Treatment plan included lumbar surgery, and at issue, a request for authorization for Percocet 10-325mg. The patient sustained the injury due to a MVA. The patient has had UDS on 5/29/15 and on 3/5/15 that was negative for opioid and positive for Tramadol and it was inconsistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: page 76-80, Therapeutic Trial of Opioids.

Decision rationale: Percocet 10/325mg. Percocet contains acetaminophen and Oxycodone, which is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." In addition according to the cited guidelines, "Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain." Past history included status post anterior cervical decompression and fusion C3-C4, C4-C5, C5-C6 and C6-C7 March 26, 2015, and status post fracture of the right fifth finger. She underwent surgery for the finger. According to a primary treating physician's progress report, dated July 7, 2015, the injured worker presented for follow-up re-evaluation with complaints of constant residual neck pain, rated 8-9 out of 10, with radiation to the bilateral upper extremities. She reports constant gradually worsening low back pain rated 8-9 out of 10 with radiation to the bilateral lower extremities. Objective findings included; tenderness over L3-4, L4-5, and L5-S1 bilaterally, greater on the right and more leg pain on the left side; positive straight leg raise and tension signs bilaterally; motor weakness; decreased sensation L4 and L5 dermatomes. A positive report of an MRI of the lumbar spine, dated July 7, 2015, is present in the medical record. Diagnoses are L3-4 4mm right sided herniated nucleus pulposus with right neural foraminal narrowing and right L4 nerve root compression; L4-5 3mm herniated nucleus pulposus with bilateral foraminal narrowing; L5-S1 3mm herniated nucleus pulposus with annular tear and bilateral neural foraminal narrowing; bilateral lower extremity radiculopathy; critical stenosis, lumbar spine. Patient has had a trial of muscle relaxant and Gabapentin for this injury. The pt has significant abnormal objective findings and imaging studies that are consistent with his symptoms. This medication is deemed medically appropriate and necessary to treat any exacerbations of the pain on an as needed/ prn basis. The medication Percocet 10/325mg is medically necessary and appropriate in this patient.