

Case Number:	CM15-0182809		
Date Assigned:	09/23/2015	Date of Injury:	08/21/2009
Decision Date:	10/28/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/17/2015

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 35 year old male who sustained an industrial injury on 08-21-2009. Current diagnoses include pathologic fracture of neck of femur, brachial neuritis or radiculitis, pain in joint involving shoulder region, low back pain, cervical post laminectomy syndrome, neck pain, constipation, and anxiety. Report dated 08-26-2015 noted that the injured worker presented with complaints that included bilateral low back pain with bilateral lower extremity paresthesias, bilateral hip, back, and leg pain. Pain level was 3 (with medications) and 7 (without medications) out of 10 on a visual analog scale (VAS). Physical examination performed on 08-26-2015 revealed cervical tenderness, tenderness and tightness over the bilateral trapezius, right shoulder tenderness, all range of motion 30% restricted by guarding and soreness with palpable crepitus, lumbar pain with palpation, hip movements elicit mild pain, antalgic gait, bilateral radicular pain down both legs with hyposthesia in both feet, restricted flexion and unable to do extension and lateral bending is restricted 50%. Previous treatments included medications, surgical intervention, shoulder injections, physical therapy, and back brace. The injured worker stated that his pain has flared last month. Current medications include Norco and Valium The treatment plan included continuing with all conservative treatment measures, request for continued chronic pain medications which included Percocet and cyclobenzaprine, follow up in one month, and patient went up one Norco a day this month, QME upcoming. The utilization review dated 09-08-2015, modified the request for Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #210: Overturned

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, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in August 2009. He has a history of cervical and lumbar spine fusion surgeries and has possible failure of the lumbar fusion hardware after an L5/S1 fusion in September 2014. Recent treatments include physical therapy with completion of 12 sessions as of 04/29/15 since the initial evaluation in March 2015. In July 2015 medications were decreasing pain from 8/10 to 2/10. He was continuing to wear a back brace. He was anticipating lumbar revision fusion surgery in September 2015. Current medications include Norco which is being listed in error since at least June 2015. He was actually taking Percocet 10/325 mg #180 and cyclobenzaprine. When seen in August 2015 he was having a flare-up of pain over the previous month. Pain was rated at 3/10. Physical examination findings included cervical tenderness and bilateral trapezius tenderness with tightness. There was diffuse right shoulder tenderness with decreased range of motion with guarding and crepitus. He had a slightly antalgic gait. He had decreased lumbar spine range of motion, pain with palpation, and hip movements produced mild pain. The plan references increasing his Norco by one per day. Percocet 10/325 mg #210 was prescribed. The total MED (morphine equivalent dose) was 105 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 in the setting of a filed lumbar fusion with revision surgery pending. There are no identified issues of abuse or addiction and medications are providing decreased pain. The dose was increased when he was having increased pain. The total MED remains less than 120 mg per day consistent with guideline recommendations. Although Norco is being consistently referenced in error, Percocet is being consistently prescribed suggesting that the provider is aware of the difference in these medications but unaware of the error. Regardless, continued prescribing was medically necessary.