

Case Number:	CM15-0187623		
Date Assigned:	09/29/2015	Date of Injury:	03/18/2010
Decision Date:	11/09/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/23/2015

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 59 year old male who sustained an industrial injury March 18, 2010. Past history included arthroscopic surgery right knee and traumatic hearing loss right ear since 1990. Diagnoses are acute on chronic cervical pain; acute or chronic carpal tunnel left greater than right; persistent left knee pain, secondary back pain, left hip pain; acute increasing right knee pain; acute on chronic lumbar pain, strain; MRI 2011 baseline degenerative disc disease. According to a physician's neurology and electromyography report dated July 14, 2015, nerve conduction studies of the lower extremities revealed a peripheral neuropathy and suggestive S1 radiculopathies and other impressions included bilateral carpal tunnel syndrome, left greater than right, chronic cervical and lumbar strain and probable arthritis of the right knee post meniscal tear and repair. According to a primary treating physician's progress report dated September 1, 2015, the injured worker presented with complaints of cervical pain, rated 5-8 out of 10, thoracic, rated 5-6 out of 10, lumbar and sacral spines. The pain is associated with numbness and tingling, left greater than right, right posterior knee and bilateral feet. Current medication included Percocet (since February 2015), Lidoderm patch and Ambien. Objective findings included; sensory intact bilateral upper and lower extremities and bilateral lower extremity radiculopathy; cervical thoracic and lumbar range of motion decreased and gait is slow. Treatment plan included encouraged to swim, chiropractic consultation approved pending test results. At issue, is a request for authorization dated September 1, 2015, for Percocet 10-325mg #240. An MRI of the cervical spine dated July 29, 2015 (report present in the medical record) impression documented as multilevel spondylosis and arthrosis; there are no levels of spinal

canal stenosis; there is foraminal stenosis as follows; C3-4 mild bilateral foraminal stenosis; C4-5 moderate left foraminal stenosis; C5-6 moderate bilateral foraminal stenosis. According to utilization review dated September 22, 2015, the requests for a urine drug screen and liver panel were certified. The request for Percocet 10-325mg 1-2 tablets every 4 hours Quantity: 240 were modified to Percocet 10-325mg 1-2 tabs every 4 hours Quantity: 100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg #240: 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 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 injury in March 2010 when he was struck by a 25 pound rock while working in highway maintenance and is being treated for pain throughout the spine with lower extremity pain, numbness, and tingling and right shoulder pain. When seen, pain was rated at 2-6/10. He was continuing to work. Physical examination findings included decreased lower extremity sensation. There was a slow gait. There was diffuse tenderness. There was a right biased posture. Percocet was refilled and had been prescribed since February 2015. It was providing a two point decrease in low back pain. 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. There are no identified issues of abuse or addiction and medications are providing what is considered a clinically significant decrease in pain and the claimant is working. The total MED is 120 mg per day consistent with guideline recommendations. Continued prescribing is considered medically necessary.