

Case Number:	CM15-0191847		
Date Assigned:	10/05/2015	Date of Injury:	03/10/2008
Decision Date:	11/18/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	09/29/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

This 28 year old female sustained an industrial injury on 3-10-08. Documentation indicated that the injured worker was receiving treatment for ongoing cervical spine pain. Previous treatment included physical therapy, medial branch blocks and medications. In a PR-2 dated 7-24-15, the injured worker complained of cervical spine pain, rated 6 out of 10 on the visual analog scale. Current medications included Nortriptyline, Nucynta, Zofran and Senna. The physician stated that the injured worker was on summer break from school and would return to lower dose medications; however in order for her to return to school, she would require either interventional care or medications. The treatment plan included initiating Percocet 5-325mg and continuing Nortriptyline, Zofran, Senna and Colace. In a PR-2 dated 8-19-15, the injured worker complained of cervical spine pain with radiation to bilateral arms, rated 2 out of 10 on the visual analog scale, associated with numbness, tingling and weakness. The injured worker continued to note "substantial" benefit of medications with about 90% improvement in pain. The physician documented that urine drug screen (2-25-15) was within normal limits. Physical exam was remarkable for cervical spine with pain to palpation over C2-3 and C5-6 facet capsules, secondary myofascial pain with triggering, ropey fibrotic banding and spasms, pain upon range of motion, positive right Spurling's maneuver and maximal foraminal compression testing, 5 out of 5 upper extremity strength, 4 out of 5 grip strength, "full" range of motion of the cervical spine and thoracic spine with tenderness to palpation from T4-T6. The treatment plan included increasing Percocet from 5-325mg three times a day to Percocet 10-325mg four times a day to

allow her to return to school. On 9-28-15, Utilization Review modified a request for Percocet 10-325mg #120 to Percocet 10-325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg #120: 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.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per the medical records submitted for review, it was noted that the injured worker's pain without medications is rated 7-8/10 and 5-6/10 with medications. The provider stated that the claimant's function is significantly decreased without medications and that with medications the claimant is able to attend school full time. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. It was noted that UDS performed 2/25/15 was consistent with prescribed medications. The injured worker's morphine equivalent dose is below the guideline recommended 120MED. I respectfully disagree with the UR physician's assertion that the documentation does not support the ongoing use of opiates. The request is medically necessary.