

Case Number:	CM15-0193366		
Date Assigned:	10/30/2015	Date of Injury:	05/13/2011
Decision Date:	12/17/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/01/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 56 year old male, who sustained an industrial injury on 5-13-11. The injured worker is diagnosed with cervical radiculopathy, cervical and degenerative disc and joint disease. His work status is modified duty; permanent and stationary. Notes dated 8-31-15 and 9- 2-15 reveals the injured worker presented with complaints of neck pain and low back pain that radiates to his right buttock, quadriceps and right calf. He reports his buttock is numb. His pain is rated at 8-9 out of 10 without medication. He reports he is unable to bend forward as he experiences severe pain and is unable to rise back up. He reports he experiences difficulty with prolonged walking and standing and transitioning from sit to stand. He reports poor sleep. A physical examination dated 9-2-15 revealed cervical spine range of motion is decreased and painful. There is hypertonicity and tenderness in the left paravertebral muscles. The Spurling's maneuver causes pain in the neck muscles and radiates to his upper extremities. The lumbar spine range of motion is decreased and painful. There is hypertonicity and tenderness in the bilateral paravertebral muscles. The following are positive; lumbar facet loading and Faber test. The left shoulder examination reveals decreased and painful range of motion. The following are positive; Hawkins test and empty cans test. Treatment to date has included medications; Butrans patch (discontinued-patch fall off), Percocet (7-2015) (discontinued 6-2015 due to nausea) extra strength Tylenol, Cymbalta, Celebrex (discontinued due to stomach upset); physical therapy decreased his pain and increased his range of motion per notes dated 7-24-15 and 9-2-15; cervical spine fusion and home exercise program. Diagnostic studies include MRI, x-rays, bilateral upper and lower extremities electrodiagnostic studies. A request for authorization dated 9-9-15 for Percocet 5-325 mg #10 is non-certified, per Utilization Review letter dated 9-23-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Percocet 5/325mg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen, Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-.

Decision rationale: Percocet (oxycodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing neck and lower back pain, problems sleeping, and depressed moods. The recorded pain assessments contained few of the elements suggested by the Guidelines. These records suggested the worker's pain was under limited control with increased activity related to physical therapy but also reported the previously recommended acetaminophen had not yet been tried. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 10 tablets of Percocet (oxycodone with acetaminophen) 5/325mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.