

Case Number:	CM15-0193451		
Date Assigned:	10/09/2015	Date of Injury:	12/06/2005
Decision Date:	11/25/2015	UR Denial Date:	09/03/2015
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: 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 55 year old male with an industrial injury date of 12-06-2005, 12-2005-03-15-2006 (cumulative trauma). Medical record review indicates he is being treated for cervical post laminectomy syndrome. Subjective complaints (07-10-2015) included "ongoing debilitating pain" in his neck with "significant" radicular symptoms to both upper extremities. "The patient's neck pain prevents him from being able to turn his head to do simple activities such as driving." The treating physician documented a new onset right wrist drop. The injured worker stated he had noticed slight improvement in wrist extension, "but with profound weakness in grip strength." Other complaints included lower back pain radiating down to both lower extremities. Spinal cord stimulator was placed on 03-26-2015. His medications included Norco, MS Contin, and Neurontin, Anaprox, Prilosec, Robaxin, Trazodone, Lidoderm patches and medical marijuana. Prior medications included Dilaudid, FexMid, Doral (quazepam) and Methadone. Prior treatment included spinal cord stimulator, lumbar epidural steroid injection, surgery, trigger point injections and medication. Objective findings (07-10-2015) included significant loss of range of motion of the cervical spine. There was tenderness to palpation ant trigger point noted in the neck and trapezius muscle. Lumbar spine exam revealed tenderness to palpation throughout the lumbar musculature. Range of motion was 'significantly hindered. The treating physician documented the injured worker was counseled as to the benefits and potential side effects of medications. The patient's surgical history include lumbar fusion on 6/22/13 and 3/30/13 and cervical fusion on 11/8/12. The patient had spinal cord stimulator on 3/26/15. Patient had received lumbar ESI on 8/20/15. The patient has had MRI of the cervical spine on

3/16/15 that revealed post-surgical changes; EMG on 6/10/15 revealed radial nerve injury. The patient had a UDS on 8/10/15 that was consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10-325mg 2 tablets QID QTY: 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: 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." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. The patient's medication list includes other opioids MS Contin and Norco. Evidence of significant functional improvement with these opioid medications is not specified in the records provided. A detailed valid rationale for the use of another opioid medication was not specified in the records provided. 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 non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control (including treatment with an antidepressant indicated for chronic pain) is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Percocet 10-325mg 2 tablets QID QTY: 240 is not established for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.