MAXIMUS Federal Services

Case Number:	CM15-0194591		
Date Assigned:	10/08/2015	Date of Injury:	03/01/1994
Decision Date:	11/16/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/05/2015

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: Arizona, 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 69 year old female who sustained an industrial injury March 1, 1994. Past history included ACDF (anterior cervical discectomy and fusion), three level April 1996 and status post revision surgery September 2, 1997, bilateral arthroscopic shoulder surgery with subacromial decompressions and right rotator cuff repair December 6, 2001 and left partial synovectomy and acromioplasty on December 16, 1999, right upper extremity radial tunnel decompression and lateral epicondylar common extensor tendon release July 14, 2003, status post sacroiliac joint fusion October 2012, hypertension and status post revision lumbar surgery July 2, 2015. According to a primary treating physician's progress report dated July 1, 2015, the physician had documented a prescription for Percocet 10-325mg #180 with no refills and Kadian, she will continue with Phenergan, Nitrostat, and Nexium, amphetamine salt and Nuvigil from another physician, and Oxycodone in February from another physician on February 5, 2015, and another physician May 22, 2015 for Percocet #180 and Kadian #60. A discussion was had regarding receiving narcotic medication from one office and she understands. According to a primary treating physician's progress report dated September 17, 2015, the injured worker presented angry upset and frustrated with previous denials for medication claiming she had no rated pain. She currently complains of pain which has gotten worse since surgery and she has not had therapy. She currently lives alone and is not able to take care of herself, needing help with large chores and lifting heavy items. She is currently getting help from a neighbor. With medication, her pain level goes down to a 5 out of 10 and she is able to better function. Current medication included Percocet, Neurontin, Miralax, Famotidine, Nexium, Nitrostat, Promethazine, Toviaz, and Robaxin (started 09-17-2015). Diagnoses included status post revision lumbar surgery July 2, 2015; neck pain with degenerative disk and joint disease; bilateral carpal tunnel

syndrome; cumulative trauma disorder of the bilateral upper extremities. At issue, is the request for authorization for Percocet. There is a request for a toxicology screen August 20, 2015, but no report available in the current medical record. An MRI of the lumbar spine dated June 3, 2015, (report present in the medical record) impression as moderate dextroconvex rotoscoliosis with multilevel degenerative changes; most affected level is L4-5 with moderate narrowing of the central canal, additional less severe degenerative changes, as above. According to utilization review dated September 23, 2015, the request for Percocet 10-325mg #240 was modified 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 10/325mg #240: Upheld

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

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

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Percocet along with Kadian for several months without mention of pain score reduction. There was no mention of Tylenol , NSAID, Tricyclic or weaning failure. The combined dose exceeded the 120 mg of Morphine equivalent recommended daily. The continued use of Percocet is not medically necessary.