

Case Number:	CM15-0198539		
Date Assigned:	10/13/2015	Date of Injury:	12/19/1996
Decision Date:	11/25/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/09/2015

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:

The injured worker is a 52 year old male, who sustained an industrial injury on 10-19-1996. The injured worker was being treated for arthropathy of cervical facet joint, chronic neck pain, cervical radiculopathy, cervical postlaminectomy syndrome, and headache. Medical records (7-2-2015 to 9-2-2015) indicate ongoing posterior neck pain (right greater than left) with neck stiffness, muscle spasm, and tenderness. The injured worker reported radiation of the pain to the trapezius bilaterally. Associated symptoms include burning and aching pain to the bilateral palms, headache and upper extremity weakness. He reported his symptoms were severe, constant, and unchanged. He reported that his current pain and muscle relaxant regimen was ineffective, and requested an increase of the Percocet. The primary treating physician noted that there were no adverse side effects and that an opioid contract existed. The medical records (7-2-2015 to 8-5-2015) show the subjective pain rating slightly increased from 7 out of 10 to 8 out of 10. The physical exam (7-2-2015 to 8-5-2015) reveals decreased cervical range of motion, which was unchanged. There is an increase of the generalized cervical spine tenderness at C3-7 (cervical 3-7) with spasms. The cervical flexion is unchanged at 50 degrees and extension at 30 degrees. There is moderate tenderness of the shoulder. There was generalized and exquisite tenderness of the humerus, which was characterized as severe, aching, and tingling. There was severe and tingling hand pain. There was no documentation of the subjective pain rating or a physical exam on the treating physician's report dated 9-2-2015. Per the treating physician (5-13-2015 report): The MRI from 8-2014 revealed mainly distortion from the prior surgery and only a mild disc bulge at C3-4 (cervical 3-4). The electromyography and nerve conduction studies from 8-2014 revealed peripheral nerve entrapment only. There was no documentation

of an opioid risk assessment of a recent urine drug screen included in the provided medical records. Surgeries to date have included an exploration of the cervical fusion at C5-6 (cervical 5-6) and C6-7 (cervical 6-7) with removal of retained hardware and a revision of anterior cervical discectomy and fusion at C6-7 in 2010. Treatment has included a cervical facet injection, cervical medial branch blocks, lumbar epidural steroid injection, and medications including long-acting oral pain, short-acting oral pain (Percocet since at least 7-2015), topical pain, muscle relaxant, steroid, anti-epilepsy, anti-anxiety, and non-steroidal anti-inflammatory. The treatment plan includes continuing the Percocet and adding Nucynta. On 9-10-2015, the requested treatments included Percocet. On 9-16-2015, the original utilization review non-certified a request for Percocet 10-325 mg #120.

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: Upheld

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

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." Review of the available medical records reveals neither documentation to support the medical necessity of percocet nor any documentation addressing the 4 A's domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. The request is not medically necessary.