

Case Number:	CM15-0200644		
Date Assigned:	10/19/2015	Date of Injury:	05/10/2010
Decision Date:	12/29/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 68 year old female who sustained an industrial injury on May 10, 2010. The worker has a surgical history for: right CT release 2011, right thumb surgery 2012 and right shoulder arthroscopy 2015. The worker is being treated for: neck pain, cervical facet pain, right shoulder pain status post arthroscopic surgery, trigger finger, CTS and upper extremity numbness. Subjective: September 23, 2015 she reported neck and bilateral upper extremity pain with occasion stabbing sensation into the right shoulder. The pain is noted better by utilizing medications, lying down and injections. Objective: May 2015 POC noted cervical injections recommended and pending authorization. July 17, 2015 follow up reported the patient having been doing well after surgery up until about 6 weeks prior she reinjured the shoulder doing some therapy and with persistent pain. September 23, 2015 noted cervical spine evaluation revealed moderate tenderness over right cervical paraspinals, tenderness over the cervical facet joints, and increased pain with left rotation. POC noted requesting cervical injection therapy, and request for SCS trial. Diagnostic: MRI cervical spine; August 2015 MRI right shoulder. Medication: August 2015, September 2015: Hydrocodone APAP, Oxycodone, Percocet, Celebrex, Zorivax, Oxycodone ER, OxyContin, Pennsaid, Lyrica, Flector patch, Miralax, Soma, Lunesta, and Nexium. Treatment: medication, HEP, PT trial failed. On a request was made for Percocet 10mg 325mg #45 and Norco 10mg 325mg #150 that were noncertified by Utilization Review on October 07, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #45: 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, Opioids, dosing. Decision based on Non-MTUS Citation OxyContin Prescribing Information.

Decision rationale: The claimant sustained a work injury in May 2010 and continues to be treated for neck, shoulder, and bilateral upper extremity pain. She underwent arthroscopic right shoulder surgery with rotator cuff repair and labral debridement in April 2015. In September 2015 medications are referenced as decreasing pain from 9/10 to 4-5/10. There had been partial pain relief after an epidural injection. She was interested in a spinal cord stimulator trial and had been recently seen for psychological clearance. Physical examination findings included a body mass index over 38. There was lumbar paraspinal and facet joint tenderness. She had pain with lumbar flexion and extension. There was low back pain with straight leg raising. There was bilateral sacroiliac joint tenderness. There was moderately decreased lumbar range of motion. She had an antalgic gait. Medications were continued. Norco, Percocet, and OxyContin were being prescribed at a total average MED (morphine equivalent dose) of 117.5 mg per day. Her OxyContin dose was 30 mg at night. The Norco MED was 10 mg per dose and the Percocet MED was 15 mg per dose. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Percocet (oxycodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain. The total MED is less than 120 mg per day consistent with guideline recommendations. However there is no rationale as to why two short acting combination opioid medications with approximately the same MED are being prescribed. Prescribing either Norco or Percocet alone for break through pain would not exceed recommended acetaminophen dosing. Also noted is that the claimant's OxyContin dosing is not correct, with accepted OxyContin dosing at a 12 hours dosing interval rather than once daily as is being prescribed. For these reasons, continued prescribing cannot be accepted as being medically necessary.

Norco 10/325mg #150: 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 for chronic pain, Opioids, dosing. Decision based on Non-MTUS Citation OxyContin Prescribing Information.

Decision rationale: The claimant sustained a work injury in May 2010 and continues to be treated for neck, shoulder, and bilateral upper extremity pain. She underwent arthroscopic right shoulder surgery with rotator cuff repair and labral debridement in April 2015. In September 2015 medications are referenced as decreasing pain from 9/10 to 4-5/10. There had been partial pain relief after an epidural injection. She was interested in a spinal cord stimulator trial and had been recently seen for psychological clearance. Physical examination findings included a body mass index over 38. There was lumbar paraspinal and facet joint tenderness. She had pain with lumbar flexion and extension. There was low back pain with straight leg raising. There was bilateral sacroiliac joint tenderness. There was moderately decreased lumbar range of motion. She had an antalgic gait. Medications were continued. Norco, Percocet, and OxyContin were being prescribed at a total average MED (morphine equivalent dose) of 117.5 mg per day. Her OxyContin dose was 30 mg at night. The Norco MED was 10 mg per dose and the Percocet MED was 15 mg per dose. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain. The total MED is less than 120 mg per day consistent with guideline recommendations. However there is no rationale as to why two short acting combination opioid medications with approximately the same MED are being prescribed. Prescribing either Norco or Percocet alone for break through pain would not exceed recommended acetaminophen dosing. Also noted is that the claimant's OxyContin dosing is not correct, with accepted OxyContin dosing at a 12 hours dosing interval rather than once daily as is being prescribed. For these reasons, continued prescribing cannot be accepted as being medically necessary.