

Case Number:	CM15-0213390		
Date Assigned:	11/03/2015	Date of Injury:	07/28/2011
Decision Date:	12/14/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/29/2015

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 51 year old male, who sustained an industrial injury on 7-28-11. The injured worker was diagnosed as having status post head injury with fractures to the skull, cheek and C3 vertebra; persistent right ulnar neuropathy; atrophy of intrinsic hand muscles; chronic migraine headaches; vertigo. Treatment to date has included status post cervical fusion 2 levels (2014); status post bilateral ulnar nerve releases (2013; 2014); status post left wrist and multiple rib fractures; physical therapy; medications. Currently, the PR-2 notes dated 9-15-15 documented by the provider, the injured worker's "pain level goes from 9 out of 10 down to 2 out of 10, and Percocet works much better than Norco. Activities of daily living: with medications, he is able to drive up to just over 2 hours, for example, to come to these medical appointments. He has been able to participate in physical therapy and really benefit from it. It has been tremendously helpful. Without medications, he states that he would not be able to exercise at all. He is able to do his physical therapy exercise at home on a daily basis." Examples given: able to vacuum the car, hold his grandchildren and play with them (██████████). He is able to sleep getting a full 8 hours with these medications. PR-2 notes from 10-2013 indicate the injured worker had been prescribed Percocet since that time. A PR-2 notes dated 10-13-15, the provider documents "He wants to stop Percocet altogether and just switch to Norco 10-325mg tablets 4 a day, as that seems to be working just as effectively as the Percocet was. He also needs a refill of Zanaflex, trazadone and Imitrex." The provider documents the Percocet was "stopped on 10-13-15". The injured worker has surgery "right ulnar nerve transposition revision with right Guyon's canal release and right carpal tunnel release" on 10-16-15. A Request for

Authorization is dated 10-29-15. A Utilization Review letter is dated 10-2-15 and non-certification for Percocet 10- 325mg quantity 120. A request for authorization has been received for Percocet 10-325mg quantity 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg quantity 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, 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 for a year. Weaning protocol was not provided. There was mention of stopping and changing to Norco. No one opioid is superior to another and Norco is also a short acting opioid. There is no mention of failure of Tylenol. The most recent note with change in medication did not include VAS scores. The Percocet was not medically necessary.