

Case Number:	CM15-0219890		
Date Assigned:	11/12/2015	Date of Injury:	11/02/2012
Decision Date:	12/29/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/09/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 48 year old male sustained an industrial injury on 11-2-12. Documentation indicated that the injured worker was receiving treatment for cervical degenerative disc disease. Previous treatment included physical therapy, cervical fusion, home exercise and medications. In a PR-2 dated 5-4-15, the injured worker presented for follow-up. Physical exam was remarkable for cervical spine tenderness to palpation on the right, paraspinal musculature tenderness to palpation with spasms, "decreased" range of motion of the neck secondary to pain and full range of motion of bilateral upper extremities. The treatment plan included requesting authorization for a pain management consultation and continuing Neurontin, Zanaflex and Percocet. In a progress report dated 9-28-15, the injured worker complained of progressively worsening neck pain with radiation to bilateral upper extremities associated with numbness. The injured worker's pain affected his ability to perform activities of daily living and disrupted his sleep. The injured worker stated that his pain was somewhat relieved with medications. Physical exam was remarkable for cervical spine with tenderness to palpation, range of motion: flexion 20 degrees, extension 0 degrees, bilateral lateral flexion 5 degrees and bilateral lateral rotation 20 degrees, 4 out of 5 bilateral upper and lower extremity strength and decreased sensation to the right fingers and entire left upper extremity. The physician recommended cervical epidural steroid injection. The injured worker deferred. The injured worker had been prescribed Percocet and Zanaflex since at least 5-4-15. The treatment plan included continuing Percocet, Zanaflex and Neurontin, a new prescription for MS Contin and continuing home

exercises. On 10-9-15, Utilization Review modified a request for Percocet 10-325mg #120 to Percocet 10-325mg #100 and noncertified a request for MS Contin 15mg #90 and Zanaflex 4mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. In this case, authorization was previously denied for oxycontin and modified for percocet as these opioids were not prescribed in accordance with the medical guidelines. There is no additional documentation that would now support use of MS Contin. Therefore, the request for MS Contin 15 mg #90 is not medically necessary.

Zanaflex 4mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Guidelines recommend muscle relaxants as a second line option for short term treatment of acute exacerbations of pain, but they do not show any benefit beyond NSAIDs. In this case, there is no evidence to suggest significant muscle spasm to warrant the use of this medication. The request for Zanaflex 4 mg #120 is not medically appropriate or necessary.

Percocet 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. In this case, authorization was previously denied for oxycontin and modified for percocet as these opioids were not prescribed in accordance with the medical guidelines. There is no additional documentation that would now support use of Percocet. Therefore, the request for Percocet 10/325 mg #120 is not medically necessary.