

Case Number:	CM15-0221177		
Date Assigned:	11/16/2015	Date of Injury:	06/07/2000
Decision Date:	12/24/2015	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	11/10/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 69 year old female, who sustained an industrial injury on 6-7-2000. A review of the medical records indicates that the injured worker is undergoing treatment for headaches, chronic pain, and cervical postlaminectomy syndrome, status post CNS tumor resection with residual and seizure disorder, rotator cuff sprain, lesion of ulnar nerve, cervicgia, and constipation. On 10-20-2015, the injured worker reported head and neck pain with headaches with the visual analog scale (VAS) 7-8, average pain 6-7, low pain level at 5, and high pain level a 12+. The Primary Treating Physician's report dated 10-20-2015, noted the injured worker's Percocet took the injured worker's pain from a 10 to a 4. No aberrant behavior noted. The injured worker was noted to have had a radiofrequency ablation 8-7-2015 with medications able to be decreased. The injured worker was noted to be able to have unlimited walking with the medications with activity noted to be rarely without the medications. The CURES and drug screens were noted to have results as expected. The injured worker's current medications were noted to include Percocet, prescribed since 2-1-2010, Tizanidine, Senokot-S, Colace, Robaxin, Imitrex, Dilantin, Topamax, and Venlafaxine. The physical examination was noted to show limited neck range of motion (ROM) with pain at the nuchal ridge and tight trapezius and tenderness at C3 to C7. Prior treatments have included cervical spine fusion, acupuncture, chiropractic treatments, biofeedback, Botox, physical therapy, TENS, Methadone, Opana ER, Oxycontin, Savella, Effexor, Motrin, and Exalgo. The treatment plan was noted to include repeat cervical radiofrequency ablations as necessary, Percocet, Tizanidine, Robaxin, Senokot-S, and Colace. The injured worker's last day worked was noted to be 6-23-2003. The request for authorization dated 10-30-2015, requested Senokot-S Qty: 480, Colace100mg Qty:

180, and Percocet 10-325mg Qty: 300. The Utilization Review (UR) dated 11-6-2015, certified the requests for Senokot-S Qty: 480 and Colace 100mg Qty: 180, and modified the request for Percocet 10-325mg Qty: 300 to certify #150 without refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg Qty: 300: 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 for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been prescribed Percocet since 2010. It appears that this medication is necessary; however, there is a lack of objective measures of functional improvement. Additionally, this request for 300 tablets does not imply close follow-up for continued efficacy, side effects, or abuse. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Percocet 10/325mg Qty: 300 is not medically necessary.