

Case Number:	CM15-0084038		
Date Assigned:	05/06/2015	Date of Injury:	01/16/2000
Decision Date:	06/09/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/01/2015

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:

The injured worker is a 51-year-old female who sustained an industrial motor vehicle accident injury on 01/16/2000. The injured worker was diagnosed with failed cervical back surgery syndrome, myalgia/myositis, chronic low back pain, radiculitis, headaches, insomnia and depression. The injured worker is status post L4-L5 posterior fusion in 2001, L4-L5-S1 hardware removal and decompression, L2-4 fusion with extension to L5-S1 in 2012, two cervical fusions the last with extension in 2011 and a right shoulder surgery in December 2013. Treatment to date includes diagnostic testing most recently a right shoulder/upper extremity magnetic resonance imaging (MRI) in June 2013 and a cervical magnetic resonance imaging (MRI) in July 2013, surgery, physical therapy, home exercise program, ice/heat, trigger point injections and medications. According to the primary treating physician's progress report on March 5, 2015, the injured worker continues to experience upper back pain with radiation to the arms, low back pain radiating to the lower extremities and headaches. The injured worker rates her pain level at 10/10 without medications and 7/10 with medications. Lumbar examination demonstrated normal lower extremity strength with tenderness and pain over the facet joints increasing with loading maneuvers and decreased range of motion. There was no documented physical examination of the cervical spine or bilateral upper extremities. Current medications are listed as MS Contin ER 15mg, Percocet 10mg, Lyrica, Soma, Lexapro and Silenor. Treatment plan consists of continuing with medication regimen, psychiatric referral, trigger point injections, home exercise program, and the current request for Morphine 15mg and Percocet 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list - Oxycodone/acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates.

Decision rationale: Guidelines do not recommend long term use of opioids unless the use of opioids is documented with satisfactory response such as decreased pain, increased level of function or improved quality of life. In this case, the patient has been using opioids for a long period of time and the patient's signs and symptoms have not improved and there are no documented functional improvements because of opioid use. The request for Percocet 10 mg #60 is not medically necessary.

Morphine 15mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates
Page(s): 74-96.

Decision rationale: Guidelines do not recommend long term use of opioids unless the use of opioids is documented with satisfactory response such as decreased pain, increased level of function or improved quality of life. In this case, the patient has been using opioids for a long period of time and the patient's signs and symptoms have not improved and there are no documented functional improvements because of opioid use. The request for Morphine 15 mg #120 is a second line analgesic agent and is not medically necessary.