

Case Number:	CM15-0236316		
Date Assigned:	12/11/2015	Date of Injury:	04/03/2014
Decision Date:	01/22/2016	UR Denial Date:	11/12/2015
Priority:	Standard	Application Received:	12/03/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 47 year old male, who sustained an industrial injury on 4-5-14. The injured worker was diagnosed as having cervical spinal stenosis with radiculopathy; cervical region radiculopathy; carpal tunnel syndrome unspecified upper limb. Treatment to date has included physical therapy; chiropractic therapy; medications. Diagnostics studies included MRI cervical spine (9-25-14). Currently, the PR-2 notes dated 7-28-15 are hand written and difficult to decipher. The notes appear to indicate the injured worker has been compliant with the use of her brace despite having tingling and pain in her hands. The provider notes tenderness along the cervical spine, especially C3-C7; paraspinal (cervical spasms are positive motor and strength in the bilateral upper extremities is 4 out of 5 with decreased pain in C5; tenderness along the arch of the bilateral feet. The provider is requesting continued use of Percocet 10-325mg and muscle relaxant. He is awaiting approval for cervical epidural steroid injections; a follow-up with ortho-neurosurgery and podiatry and requesting chiropractic treatments. A PR-2 note dated 10-22-15 indicated the injured worker reports severe pain in the neck and hands with numbness 2+; shoulder and hand joint pain, lower back pain. The provider notes tenderness along the cervical spine is positive; Phalen's is positive bilaterally; lumbar spine is positive for pain; right foot has pain at the surgical site. The treatment plan included a neurosurgery follow-up for epidural steroid injection; continue with Percocet 10-325mg and MRI of the lumbar spine and chiropractic treatment. A Request for Authorization is dated 12-3-15. A Utilization Review letter is dated 11-12-15 and modified the certification for Retrospective request for Percocet 10/325mg 1 tab every 4 hours #120 to allow at "a one-week supply of Percocet at an initial slow taper of 10 percent - 19 tablets." A request for authorization has been received for Retrospective request for Percocet 10/325mg 1 tab every 4 hours #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Percocet 10/325mg 1 tab every 4 hours #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing, Opioids, specific drug list, Weaning of Medications.

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of Percocet nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, the request is not medically necessary.