

Case Number:	CM14-0164636		
Date Assigned:	10/09/2014	Date of Injury:	02/19/2010
Decision Date:	12/19/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/06/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 51-year-old female presenting with a work-related injury on October 19, 2010. The patient was diagnosed with lumbar disc disorder and facet syndrome, low back pain, cervical facet syndrome, and pain and spondylosis. On August 29, 2014 the patient complained of neck pain that radiated down both arms. Patient reported that medications had been helpful in treating the pain. The medications included Lidoderm 5% patch daily, Nexium 20 mg daily, identity 4 mg b.i.d., Lyrica 60 mg b.i.d., Butalbital/Acetaminophen/caffeine 50/30/40 mg daily, Celebrex 200 mg daily, and Percocet 10/325 mg 4x per the day. The physical exam revealed antalgic gait without assistive device, reduce range of motion the cervical spine, tenderness to paravertebral musculature, and taut bands on both sides; lumbar spine revealed reduced range of motion, inability to walk heel-to-toe, hyperesthesia in club distribution on light touch and temperature sensation on the right upper extremity, motor strength with two out of five on the right, and two out of five elbow extension at the left elbow. On that day the patient was diagnosed with this disorder, lumbar and lumbar facet syndrome, low back pain, cervical facet syndrome, cervical pain, and cervical spondylosis. The provider increased the dose of Percocet for pain control to 120 per month and once the pain was control, then reduce back to 75 per month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg QID #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Monitoring Page(s): 9, 74, 78-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Percocet 10/325mg #90 QID #120 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore requested medication is not medically necessary.