

Case Number:	CM14-0184532		
Date Assigned:	11/12/2014	Date of Injury:	10/09/1990
Decision Date:	12/18/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	11/05/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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 injured worker is a 68-year-old female who reported an injury on 10/09/1990. The mechanism of injury was not specified. Her diagnoses included chronic pain syndrome, mood adjustment disorder secondary to chronic pain, and status post cervical discectomy and fusion. Her past treatments were not included within this documentation. Diagnostic studies included an MRI of the cervical spine on 08/21/2014. The injured worker had a past surgery of cervical discectomy and fusion on an unspecified date. Her complaints on 09/22/2014 were pain across her neck and right shoulder going down to her forearms, wrists, and fingers with a nagging pain to her low back area going down to her right leg and to her foot. She rated this pain as an average of 7/10 or 8/10 and was aggravated with bending; twisting of the head and neck, as well as her waist; pushing and pulling; and reaching or lifting. She also indicated that due to the pain in her neck, she had not been sleeping well and was awakened with anxiety frequently throughout the night. Upon physical examination, the injured worker had limited range of motion to the cervical spine and lumbar spine. Her deep tendon reflexes were symmetric and physiologic were 3/4 at the biceps, triceps, and brachioradialis. There was also a positive Spurling's test on the right, a positive Hawkins test bilaterally, and a positive Speed's test bilaterally. Her medications included Norco 10/325 one tablet every 4 to 6 hours, OxyContin 30 mg 1 tablet every 12 hours, Motrin 800 mg 1 tablet 4 times a day, Soma 350 mg tablet, Zantac 150 mg tablet 1 every 12 hours, ibuprofen 800 mg tablets 1 twice daily as needed, Ambien 10 mg 1 tablet daily at bedtime, and Zolof 100 mg tablet once every morning. The treatment plan included discontinuation of the Norco and initiation of Percocet 10/325mg one tablet every 8 hours, dispensed at 90 tablets, referral to a psychiatrist for pain management and a followup in 1 week to make sure that the adjustment with Percocet from Norco was effective. The rationale

for the request of Percocet 10/325 was that the Norco was no longer relieving the injured worker's pain. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED: Percocet 10/325mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 76-78.

Decision rationale: The request for Percocet 10/325 mg #90 is not medically necessary. The California MTUS Guidelines state that Percocet is indicated for moderate to moderately severe pain. The criteria for initiating opioid therapy should include use of one medication at a time starting with a short-acting opioid, changing only one drug at a time. The injured worker has been diagnosed with chronic pain syndrome and reported pain of 7/10 or 8/10 while on Norco 10/325mg on 09/22/2014. There has been a length of time since the original injury occurred and no documentation of a current drug screen. Additionally, the request, failed to indicate a frequency of use. As such the request for Percocet 10/325 mg #90 is not medically necessary.