

Case Number:	CM14-0215975		
Date Assigned:	01/06/2015	Date of Injury:	10/11/2004
Decision Date:	02/28/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: Physical Medicine & Rehabilitation

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 44 year old female with an injury date of 10/11/04. The 12/02/14 report states that the patient presents with severe neck pain and muscle spasms with pain radiating to the left shoulder blade. Current pain is rated 8/10, best pain with medications is 4/10 and without medications pain is 10/10. The patient is searching for employment. Examination reveals very limited range of motion of the neck. Cervical compression causes pain that radiates in the left shoulder blade area. Palpation reveals muscle spasms in the cervical paraspinal musculature extending to the left cervical trapezius muscle. There is sensory loss to light touch and pinprick over the dorsum of the right forearm and hand. The patient's diagnoses include: 1. S/p anterior cervical discectomy and fusion from C4-C6. Postoperative MRI shows a spur complex compromising the right neural foramen at C5-6. 2. Cervicogenic headaches related to neck injury. 3. Carpal tunnel syndrome right hand, stable. 4. Depression, stable. The patient has completed vocational rehabilitation. Continuing medications are listed as Percocet, Valium, Flexeril, Tylenol Extra Strength, Wellbutrin (depression) and Ibuprofen. The utilization review is dated 12/17/14. Reports were provided for review from 09/03/13 to 12/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Percocet 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Oxycodone/acetaminophen; Weaning of Medi.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: The patient presents with severe neck pain and muscle spasm radiating to the left shoulder blade rated at best 4/10 with medications and 10/10 without. The current request is for 1 prescription of Percocet 10/325 mg #120 (Oxycodone-an opioid) per the 12/08/14 RFA. The 12/17/14 utilization review modified this request from #120 to #90. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The patient has been prescribed this medication since at least 09/05/13. The 12/02/13 report states that the patient reports 50% reduction in pain with 50% improvement of function and ADLs with the medications provided vs. not taking them at all. Reports from 05/29/14 to 12/02/14 show that pain is routinely assessed through the use of pain scales. With medications best pain improved from 5-6/10 to 4/10 and pain without medications remained at 10/10. The patient is not working; however, the reports show the patient completed her medical boards, completed vocational rehabilitation as a nurse and is looking for work. No other specific ADLs are mentioned to show a change with use of this medication. The 06/27/14 report states that UDSs are appropriate and the 09/04/14 report states there is no sign of abuse and the patient has a signed pain contract. In this case, the 4As have been sufficiently documented as required by MTUS. The request is medically necessary.