

Case Number:	CM14-0219315		
Date Assigned:	01/09/2015	Date of Injury:	02/20/2013
Decision Date:	03/05/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	12/31/2014

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 39-year-old male, with a reported date of injury of 02/20/2013. He reported pain all over, after a motor vehicle accident. The diagnoses have included whiplash injury to the neck, neck pain, neuropathy, and contusion of the elbow. Treatments to date have included oral pain medications, electrodiagnostic studies on 07/08/2013, anterior cervical discectomy and fusion on 08/29/2013, left ulnar nerve decompression at the elbow on 12/12/2013, postoperative physical therapy, x-rays of the cervical spine, MRI of the cervical spine, and x-rays of the left shoulder. Currently, the injured worker complains of shoulder pain, neck pain, and left arm pain. The progress report dated 10/27/2014 indicates that the injured worker had chronic pain. The injured worker continued with the regular need for pain control and was using the medications regularly. The injured worker was taking the medications on schedule and planned to enter a pain control clinic practice to consider weaning off narcotics. The treating physician recommended the continuation of Percocet 10/325mg, one (1) tablet every eight (8) hours as needed for pain and Norco 10/325mg, one to two (1-2) tablets every six (6) hours as needed for pain. On 12/29/2014, Utilization Review non-certified a request for Norco and Percocet (no quantity or dosage), noting that weaning of opioids should occur under direct ongoing medical supervision as a slow taper. The medical records do not verify the continued use of narcotic medicine. The Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (No Qty or Dosage): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Neck and Upper Back (Acute and Chronic), Shoulder, Pain, Opioids

Decision rationale: ODG does not recommend the use of opioids for neck, low back, and shoulder pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco in excess of the recommended 2-week limit. As such, the request for Norco (no qty or dosage) is not medically necessary.

Percocet (No Qty or Dosage): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-76. Decision based on Non-MTUS Citation Opioids

Decision rationale: Percocet (oxycodone with acetaminophen) is a short-acting opioid. Chronic pain guidelines and ODG do not recommend opioid "except for short use for severe cases, not to exceed 2 weeks" and "Routine long-term opioid therapy is not recommended, and ODG recommends consideration of a one-month limit on opioids for new chronic non-malignant pain patients in most cases, as there is little research to support use. The research available does not support overall general effectiveness and indicates numerous adverse effects with long-term use. The latter includes the risk of ongoing psychological dependence with difficulty weaning." Medical documents indicate that the patient has been on Percocet for several months, in excess of the recommended 2-week limit. Additionally, indications for when opioids should be discontinued include "If there is no overall improvement in function, unless there are extenuating circumstances." Also, the treating physician does not detail the dosage and frequency of the medication. As such, the request for Percocet (no qty, no dosage) is not medically necessary.

