

Case Number:	CM15-0114721		
Date Assigned:	06/23/2015	Date of Injury:	11/14/2011
Decision Date:	08/31/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/15/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 34 year old male, who sustained an industrial injury on 11-14-2011. On provider visit dated 04-30-2015 the injured worker has reported neck pain. Per documentation the injured worker reported functional improvement with pain medication which was noted to reduce pain and improved functional to perform activities of daily living. The injured workers sleep was noted as poor. The diagnoses have included cervical facet syndrome, cervicgia and spasm of muscle. Treatment to date has included chiropractic treatments, physical therapy, laboratory studies and current medications: Tizanidine, Nexium, Topamax, Trazodone, Percocet, Creon Dr, Dicyclomine and Nortriptyline HCL. The provider requested Percocet 10-325 mg #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg #150: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 6 and the Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in November 2011 and is being treated for chronic neck pain. Medications are referenced as decreasing pain from 8/10 to 4/10 with improved mood, sleep, and ability to function. When seen, there was cervical facet tenderness with negative facet loading. The claimant's BMI is over 29. Percocet is being prescribed at a total MED (morphine equivalent dose) of 75 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Percocet (oxycodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain with improved function and an improved quality of life. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.