

Case Number:	CM15-0114849		
Date Assigned:	06/23/2015	Date of Injury:	03/17/2013
Decision Date:	07/23/2015	UR Denial Date:	05/15/2015
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: New York
 Certification(s)/Specialty: Emergency Medicine

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 49 year old, male who sustained a work related injury on 3/17/13. The diagnoses have included cervical spine degenerative disc disease, cervical spine dysfunction, cervical spine myofascial pain, cervical spine herniated nucleus pulposus/bulge and cervical spine radiculopathy. Treatments have included medications, cervical epidural steroid injection, home exercises, cervical spine surgery and physical therapy. In the Office Visit note dated 4/24/15, the injured worker complains of neck and upper back pain with shooting pain down his arms. He rates the pain level a 7-8/10. He reports increasing pain. He has very tender myofascial trigger points in the cervical paraspinals as well as the periscapular muscles and trapezius, left greater than right. Deep palpation causes a twitch response as well as causes radiation up into the arms, neck and into the scapula. The treatment plan includes a higher dose of pain medication - Percocet 5/325 to 10/325 every 8 hours as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10-325 MG #90 Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81, 88, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 80-81, 88, 124.

Decision rationale: Per the CA MTUS guidelines, Percocet is a combination of Oxycodone and acetaminophen. It is noted that the injured worker has been on this medication for a minimum of 6 months. There is no documentation of a change in pain level, how effective the Percocet has been in relieving his pain or any improvements made in functional capacity. The IW remains off work. There is no documentation noted about how he takes the Percocet in relation to usual dosage, how long it takes the medication to start working or how long any pain relief lasts. Long term use of opioid medications is not recommended. The last certified request for Percocet was for Percocet 5/325mg #90 for the purpose of gradual weaning over 2-3 months since it is not recommended that opioid medications be abruptly discontinued. In this request for Percocet, there is an increase in dosage of the Percocet from 5/325 to 10/325. The submitted request does not include dosing or frequency. Additionally, documentation does not include a toxicology screen as recommended by the guidelines. The documentation does not support that opiate prescribing is consistent with the CA MTUS guidelines. Since there is no documentation of improvement in pain level, a decrease in overall pain or an increase in functional capacity, this request for Percocet is not medically necessary.