

Case Number:	CM15-0122282		
Date Assigned:	07/06/2015	Date of Injury:	12/10/2008
Decision Date:	09/08/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/24/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 60-year-old male, who sustained an industrial injury on 12-10-08. Initial complaints were the result of a motor vehicle accident sustaining injury to his neck, left shoulder and low back. The injured worker was diagnosed as having cervicalgia; postlaminectomy syndrome cervical; cervical spondylosis; cervical disc degeneration; brachial neuritis unspecified; lumbosacral. Treatment to date has included physical therapy; status post left wrist arthroscopy; status post left wrist and left elbow surgery (3-2010); cervical epidural steroid injections (7-2010; 7-2011); Occipital nerve blocks (9-2010); lumbar epidural steroid injections (12-2010; 10-2011); Trigger point injections; bone growth stimulator; status post anterior cervical disc fusion (ACDF) (6-2012); motor scooter (4-2012); status post spinal cord stimulator (1-2013 and 4-2013); medications. Diagnostics studies included EMG/NCV study upper extremities (1-2010) that revealed entrapment of ulnar nerve at left elbow; MRI cervical spine (5-2011) that revealed disc herniation, spinal canal stenosis and foraminal narrowing; MRI thoracic spine (7-2011); MRI right shoulder (10-2011) that revealed tendonitis. Currently, the PR-2 notes dated 5-7-14 indicated the injured worker was seen as a follow-up examination on the left elbow, left wrist and left shoulder, cervical and lumbar spine complaints. Current complains are listed by the provider as: intermittent contracture-cramping to the left hand-fingers; numbness to the 4th and 5th fingers in the left hand; right shoulder worse than left shoulder pain; neck pain and stiffness; wrist pain and stiffness to the left worse than the right; low back pain persists and notes seeing pain management with mild relief with injection. The injured worker reports his legs went out and he fell on his left side of his chest on October 7,

2011. Then, "approximately two weeks ago went out while standing in the shower and he fell." On physical examination, the provider documents the right shoulder reveals tenderness over the AC joint. The Mid Arc sign is positive and the Neer's and Hawkin's signs are both positive. The drop test is positive with a normal subluxation. Crepitus is noted. Examination of the cervical spine reveals tenderness over the cervical paraspinous muscles with tenderness 3+ and moderate with swelling- fluid and effusion 2+ with tissue tension and texture with spasm. The lumbar spine lower back reveals tenderness of the lumbar muscles. The straight leg raise test is negative bilaterally with the sacroiliac joint tender. The pump handle test is positive and there are crepitation's over the lumbar spine. There is noted tenderness -moderate to medial at the low back with surrounding tissue spasms. The left elbow wrist reveals a well-healed surgical scar with crepitus. There is joint tenderness and redness. There is pain with resisted flexion and extension. The Finkelstein's, Piano key, Watson, Tinel's and Phalen's test are all negative. There is crepitus present with tenderness 2+ and moderate and swelling -fluid left and effusion 2+ left. Surgical history is listed as left wrist arthroscopy wit synovectomy, excision triangular fibrocartilage, chondroplasty and debridement of the carpal bone and radius with thermal shrinkage and removal of loose bodies on 4-16-09. On 9-17-09 a left shoulder repair of the cuff tear with Neer acromioplasty, resection of the undersurface of the clavicle, lysis of adhesions and release of contracture, bicipital tenosynovectomy and subdeltoid bursa excision with debridement of labrum tear. On 3-25-10 surgery took place on the left wrist and left elbow exploration, debridement, neurolysis of the left elbow, excision of the distal forearm, fascial contracture, neurolysis of the left elbow release of contracture flexor tenosynovectomy with ulnar collateral ligament debridement. On this PR-2 the provider was requesting additional surgery. The provider is requesting authorizat ion of Percocet 10/325mg #180. The medication list include Oxycontin, Temazepam, and Ibuprofen. Per the note dated 4/23/15 the patient had complaints of neck pain with radiation in left shoulder. Physical examination of the cervical spine revealed tenderness on palpation and limited range of motion. A recent urine drug screen report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines -Opioids, criteria for use: page 76-80 Criteria for use of Opioids Therapeutic Trial of Opioids.

Decision rationale: Percocet contains acetaminophen and oxycodone, which is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition according to the cited guidelines "Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain." The injured worker was diagnosed as

having cervicalgia; postlaminectomy syndrome cervical; cervical spondylosis; cervical disc degeneration; brachial neuritis unspecified; lumbosacral. There is crepitus present with tenderness 2+ and moderate and swelling -fluid left and effusion 2+ left. Per the note dated 4/23/15 the patient had complaints of neck pain with radiation in left shoulder. Physical examination of the cervical spine revealed tenderness on palpation and limited range of motion. The patient's surgical history include left wrist, left shoulder and left elbow surgery and anterior cervical disc fusion (ACDF) (6-2012). The pt had significant findings on diagnostic studies. The patient has conditions that cause chronic and are prone to intermittent exacerbations. He is already taking a anti-inflammatory medication. There is no evidence of aberrant drug behavior or drug abuse in the records provided. This medication is deemed medically appropriate and necessary to treat any exacerbations of the pain on an as needed/ prn basis. The medication Percocet 10/325mg #180 is medically necessary and appropriate in this patient.