

Case Number:	CM15-0174112		
Date Assigned:	09/15/2015	Date of Injury:	11/13/2001
Decision Date:	10/15/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/03/2015

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: Arizona, 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 70 year old female, who sustained an industrial-work injury on 11-13-01. She reported initial complaints of neck and back pain. The injured worker was diagnosed as having neck pain, chronic back pain, and muscle spasms. Treatment to date has included titration of medication and diagnostics. Currently, the injured worker complains of pain in neck, lower back, bilateral upper extremities and bilateral lower extremities with medications as 10 out of 10. Sleep quality is poor. Current medications include Percocet and OxyContin. Per the primary physician's progress report (PR-2) on 7-23-15, exam noted stooped gait and assisted with a walker. Cervical spine exam noted tenderness, tight muscle band and trigger point on both sides, Spurling's maneuver produces no pain in the neck musculature or radicular symptoms in the arm, neck in flexed position and unable to extend past neutral. A removable soft collar was worn. Motor testing was limited by pain with strength at 5- out of 5 and sensation was intact. Lab report demonstrated inconsistencies with medication regimen. Current plan of care includes medication titration. The Request for Authorization requested service to include Percocet 10-325mg #90. The Utilization Review on 8-12-15 modified the request to Percocet 10-325 #60 for weaning using CA MTUS (California Medical Treatment Utilization Schedule) Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Percocet along with Oxycontin for several months and had 10/10 pain with medications in July 2015. In September the baseline pain was "12/10" without medication and 10/10 with medications. This indicated insignificant benefit. The claimant was on multiple opioids, which exceeded the 120 mg of Morphine equivalent. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Percocet is not medically necessary.