MAXIMUS Federal Services

Case Number:	CM15-0031431		
Date Assigned:	02/24/2015	Date of Injury:	07/03/2012
Decision Date:	05/29/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/19/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51-year-old male, who sustained an industrial injury on 07/03/2012. The initial complaints or symptoms included pain/injury to the head, neck and bilateral wrist. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications (current medications include Mobic, valium, acetaminophen/ hydrocodone, and ibuprofen), CT scans, MRIs, electrodiagnostic testing, conservative therapies, injections, and medial branch blocks. Currently, the injured worker complains of ongoing neck pain, and pain in the back of the head, shoulder blades and bilateral wrist. The diagnoses include muscle spasms of the neck, headaches, chronic migraine without aura, chronic insomnia, cervicalgia, and facet arthritis of the cervical region. The treatment plan consisted of discontinuation of Norco with the addition of Percocet due to the hyperactive feeling that Norco caused.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325 MG Tabs 90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: The 51-year-old patient complains of pain in neck, back of head, shoulder blades, left wrist, and low back, rated at 6/10, as per progress report dated 02/03/15. The request is for Percocet 5/325 mg tabs 90. There is no RFA for this case, and the patient's date of injury 07/03/12. Diagnoses, as per progress report dated 02/03/15, included muscle spasms of neck, headache, chronic migraine, chronic insomnia, cervicalgia, and facet arthritis of cervical spine. Medications included Mobic, Valium, Norco, Ibuprofen and Percocet. The patient is off work due to a non-industrial injury, as per the same progress report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, a prescription for Percocet is first noted in progress report dated 12/15/14. Prior progress reports document the use of Norco. However, in progress report dated 02/03/15, the treater states that Norco is being changed to Percocet as "Norco caused hyperactive feeling and Percocet does not cause this side effect." A urine drug screen from September 2013 was consistent with opioid use, and the treater recommended the patient to undergo another screening during the visit, as per the same progress report. However, a lab report dated 08/01/14 revealed inconsistent results. Additionally, the progress reports do not use a validated scale to demonstrate a measurable reduction in pain or improvement in function. No CURES reports have been provided for review. MTUS guidelines require a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request IS NOT medically necessary.