

Case Number:	CM15-0064852		
Date Assigned:	04/10/2015	Date of Injury:	11/27/2013
Decision Date:	05/15/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/06/2015

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, Tennessee
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 52-year-old male, who sustained an industrial injury on 11/27/13. He reported complains of head, neck, mid and low back injury due to being hit by a car while walking. The injured worker was diagnosed as having cervical spondylosis without myelopathy; cervicgia; degeneration of cervical intervertebral disc; pain in joint shoulder region; pain in limb. Treatment to date has included status post transforaminal C6-C7 epidural steroid injection (3/14/14); status post transforaminal C6-C7 epidural steroid injection (6/9/14); cervical and thoracic spine and left shoulder MRI (1/16/14); x-rays cervical thoracic and left shoulder; trigger point injections (no date);chiropractic therapy; physical therapy; medications. Currently, the PR-2 notes dated 3/18/15 indicate the injured worker complains of neck pain, shoulder pain; degeneration of cervical intervertebral disc and pain in the left arm. The injured worker reports he has no reducing in numbness or tingling or stabbing pain following the last visit. He is still unable to lie flat on his back with his arm resting on the table. The prior day notes indicate the injured worker is prescribed Norco and Naprosyn. We do not have the notes reviewed at Utilization Review. The provider is requesting Percocet 10mg/325mg tablet, 1 tab PO every 6 hours PRN for 15 days #60 and Baclofen 10mg tablet, 1 tab PO QID PRN for 15 days #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10mg/325mg tablet, 1 tab po q6 hours prn for 15 days #60:: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 11, 74-96.

Decision rationale: Percocet 10/325 is compounded medication containing oxycodone/acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case, the patient has been receiving opioid medications since at least October 2014 and has not obtained analgesia. In addition, there is no documentation that the patient has signed an opioid contract or is participating in urine drug testing. Criteria for long-term opioid use have not been met. The request should not be authorized.

Baclofen 10mg tablet, 1 tab po qid prn for 15 days #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 63-64.

Decision rationale: Baclofen is a muscle relaxant, recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. Side effects include sedation, dizziness, weakness, hypotension, nausea, respiratory depression, and constipation. In this case, the patient does not have multiple sclerosis or spinal cord injury. Medical necessity is not supported by the documentation in the medical record. The request should not be authorized.

