

Case Number:	CM15-0065498		
Date Assigned:	04/13/2015	Date of Injury:	10/28/1997
Decision Date:	05/11/2015	UR Denial Date:	03/19/2015
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: 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 10/28/97. She reported initial complaints of neck pain. The injured worker was diagnosed as having chronic neck pain, cervical degenerative disc disease, failed neck surgery syndrome, depression and anxiety. Treatment to date has included medication, surgery (cervical fusion 2000), functional restoration program, and physical therapy. Currently, the injured worker complains of increased numbness in the right thumb, index finger, and middle finger along with neck pain and headaches. There is also numbness in the left side of her head, neck, and spasms in the left side of her neck which interrupts sleep. Per the primary physician's progress report (PR-2) on 2/24/15, exam noted cervical range of motion is limited in all planes; shoulder range of motion is limited bilaterally. Strength in bilateral upper extremities is grossly 5/5. The requested treatments include retrospective Morphine Sulfate (MS) Contin and retrospective Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Morphine sulfate (MS) Contin 15 mg #60 (1/28/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine
Page(s): 82-92.

Decision rationale: In this case, the claimant has been on Morphine for several months with consistent 9.10 pain. Score change in response to medication was not noted. Morphine is not 1st line for chronic neck and back pain. There was no indication of Tricyclic, Tylenol or NSAID failure. There was no indication of functional improvement. Continued use of Morphine is not substantiated and not medically necessary.

Retrospective Percocet 10/325 mg #30 (2/24/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

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 in combination with Morphine. There was 9/10 pain without documentation of score improvement with medication. There is no mention of Tricyclic, Tylenol or NSAID failure. Continued use of Percocet is not medically necessary.