

Case Number:	CM15-0094752		
Date Assigned:	05/20/2015	Date of Injury:	07/22/2013
Decision Date:	06/22/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/15/2015

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 58 year old male, who sustained an industrial injury on 7/22/2013. He reported being hit in the neck and back when a 25 foot palm tree fell onto him resulting in loss of consciousness, neck and low back pain. He is status post cervical and lumbar fusion in 1998. Diagnoses include failed lumbar spine surgery, status post fusion, lumbar radiculopathy, facet osteoarthritis, degenerative disc disease, and right sacroiliitis. Treatments to date include activity modification, medication therapy, neuropsychological treatments. Currently, he complained of chronic neck and back pain with radicular symptoms to the upper and lower extremities and headaches. There were disturbances in cognition, vision, taste and smell since the head injury. On 4/9/15, the physical examination documented there is tenderness throughout the cervical spine and lumbar spine with muscles spasms. There was a positive Spurling maneuver on the left and decreased range of motion. Decreased sensation to bilateral upper and left lower extremity. The treating diagnoses included chronic myofascial neck and back pain status post trauma, post- concussion syndrome, pain-related insomnia, cervical and lumbar degenerative disc disease and chronic pain. The plan of care included Percocet 5/325mg tablet, one tablet three times a day #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet tab 5/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

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 for several months. The claimant had failed a prior weaning trial as noted in the latest progress note. The claimant had also been on a Tricyclic which aided with pain related sleep issues. The continued use of Percocet is medically necessary.