MAXIMUS Federal Services

Case Number:	CM13-0020779		
Date Assigned:	07/02/2014	Date of Injury:	10/06/2010
Decision Date:	08/06/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/06/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 55 year-old male with date of injury 01/06/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/14/2013, lists subjective complaints as neck pain that radiates to the left upper extremity to the shoulder, hand and fingers with associated numbness. Patient is currently taking 4 or 5 Percocet a day. Objective findings: Examination of the cervical spine revealed a moderate reduction in range of motion due to pain. Spinal vertebral tenderness was noted in the cervical spine at C4-C7 level. Cervical myofascial tenderness and paraspinous muscle spasm was noted on palpation. Diagnosis: 1. Cervical radiculopathy 2. Left shoulder pain 3. Chronic pain, other. Patient underwent an MRI of the cervical spine on 08/14/2013, which was notable for moderately severe central canal stenosis at C5-6 and moderate central canal stenosis with severe bilateral foraminal stenosis at C6-7. Anterior cervical discectomy with fusion at C5-6 and C6-7 has already been certified. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as 01/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET DETOXIFICATION PRIOR TO SURGERY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Weaning, scheduled medications (general guidelines).

Decision rationale: The Percocet package information on the usual adult dose for pain is as follows:Immediate Release (IR): 5 mg to 15 mg orally every 4 to 6 hours. Although the patient is taking more than was prescribed by the provider, his dose is still within the limits recommended by the manufacturer. In regard to Percocet detoxification, the Official Disability Guidelines state that prior to enrolling in a program, a provider must have a clearly stated rationale identifying why the program is required and that patient's considered for weaning should undergo an assessment of their general medical, psychiatric, surgical and pain treatment history, with education regarding rationale for weaning, symptoms and potential adjunctive agents or alternative treatments.. The medical record lacks the above documentation. Therefore, the request for Percocet detoxification prior to surgery is not medically necessary and appropriate.