

Case Number:	CM13-0022413		
Date Assigned:	12/11/2013	Date of Injury:	08/29/2006
Decision Date:	03/17/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 physician 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 45-year-old male who reported an injury on 08/29/2006. The mechanism of injury was not provided in the medical records. The patient's diagnoses include right paracentral disc protrusion at T10-11, thoracic facet joint pain, thoracic facet joint arthropathy, thoracic sprain/strain, lumbar disc protrusion, right L4 radiculopathy, status post anterior cervical discectomy and fusion at C5 to C7, cervical facet joint pain, cervical facet joint arthropathy, and bilateral carpal tunnel syndrome. The patient's medications are noted to include Percocet 10/325 mg twice a day as needed and Robaxin 750 mg daily as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: According to the MTUS Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation regarding the patient's pain

relief, functional status, and address the 4 A's for ongoing monitoring which include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The clinical information submitted for review failed to provide details regarding the employee's pain outcome on the opioid medication, including a pain rating at the office visit, as well as the employee's average pain, pain after taking the opioid, and how long pain relief lasts with use of the opioid medication. Additionally, the details did not address the 4 A's for ongoing monitoring including the employee's ADLs, adverse effects, and aberrant drug taking behavior. In the absence of this detailed documentation required by the guidelines for the ongoing use of opioid medications, the request is not supported. As such, the request is non-certified.