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| Case Number: | CM13-0045517 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 01/20/1999 |
| Decision Date: | 03/13/2014 | UR Denial Date: | 11/01/2013 |
| Priority: | Standard | Application Received: | 11/12/2013 |

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 Oklahoma and Texas. 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 49-year-old female who reported an injury on 01/20/1999. The mechanism of injury was not provided in the medical records. Her course of treatment to date is unclear; however, it is known that she underwent an anterior C5-6 interbody fusion with instrumentation, with benefit. She does receive periodic cervical facet injections and physical therapy, and is stable at this time. Her most recent imaging study was a CT scan of the cervical spine on 05/31/2013, and revealed a solid bony fusion at C5-6, degenerative change at C6-7, minimal spinal stenosis and bilateral foraminal stenosis. A prior disc bulge at C6-7 seen on an MRI performed 11/22/2009 was unable to be visualized by CT. There was no other clinical information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg, #90, one (1) tablet three (3) times per day.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation on Goodman and Gillman's The Pharmacological Bias of Therapeutics, 11th ed, McGraw Hill, 2006; Physician's Desk Reference, 65th ed.; www.RxList.com. Official Disability Guidelines (ODG) ; htm.drugs.com; Epocrates Online, www.online.epocrates.com; www.empr.comwww

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-95. Page(s): 74-95.

Decision rationale: The California MTUS/ACOEM Guidelines recommend the use of opioids to treat moderate to severe chronic pain. For ongoing management of long term users of opioids, objective documentation of functional abilities should be measured at 6 month intervals using a numerical scale or validated instrument; a thorough pain assessment should be performed at each clinical visit; and a random urine drug screen should be performed to monitor medication compliance. A thorough pain assessment should include the patient's current pain levels, the least reported pain since the last assessment; average pain; intensity of pain after taking the opioids; how long it takes for pain relief, and how long the pain relief lasts. The clinical information submitted for review did provide evidence that a urine drug screen had been performed, functional abilities had been objectively measured, and the patient's current pain levels were recorded. However, pain as it relates to the use of the opioid was not included for review; there is no objective documentation noting the intensity of the patient's pain after taking the opioid, how long it takes for the pain relief to begin, or how long the pain relief lasts. Without this critical information, the efficacy of the medication cannot be determined. As such, the request for Percocet 5/325 mg, #90, one (1) tablet three (3) times per day is non-certified.