

Case Number:	CM13-0057068		
Date Assigned:	01/10/2014	Date of Injury:	01/17/2002
Decision Date:	04/30/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/25/2013

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 Anesthesiology and Pain Management and is licensed to practice in Florida. 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 59-year-old male who reported an injury on 01/17/2002. The mechanism of injury was not provided for review. The patient reportedly sustained an injury to his back, abdomen, groin, and neck. The patient also underwent emotional distress. The patient's treatment history included spinal fusion and subsequent hardware removal at the C6-7. The patient's treatment history has included multiple medications, physical therapy, activity modifications, psychiatric support, and radiofrequency ablation. The patient's medication usage was monitored with urine drug screens and CURES reporting. The patient's most recent clinical evaluation noted the patient had persistent cervical spine pain and suboccipital headaches. Physical findings included restricted range of motion of the cervical spine secondary to significant pain complaints. The patient had tenderness to palpation of the paracervical scalene musculature with palpable trigger points in the trapezius. The patient's diagnoses included brachial neuritis or radiculitis, other symptoms referable to back, postlaminectomy syndrome in the cervical region, cervicalgia, cervical spondylosis, displacement of cervical intervertebral disc without myelopathy, and myalgia and myositis. The patient's treatment plan included continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE/ACETAMINOPHEN (PERCOCET) 10/325MG #60: Upheld

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, On-Going Management Page(s): 78.

Decision rationale: The requested Oxycodone/Acetaminophen (Percocet) 10/325mg #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the patient has been on this medication since at least 07/2013. It is also documented that the patient is regularly monitored with CURES reporting and random urine drug screens. However, the clinical documentation fails to provide any evidence of significant functional benefit or pain relief to support the efficacy of this medication. Therefore, continued use is not supported. As such, the requested Oxycodone/Acetaminophen (Percocet) 10/325mg #60 is not medically necessary or appropriate.