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| Case Number: | CM13-0057511 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 01/15/1986 |
| Decision Date: | 04/04/2014 | UR Denial Date: | 11/04/2013 |
| Priority: | Standard | Application Received: | 11/25/2013 |

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 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 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 61-year-old male who reported a low back and neck injury on 1/15/86 after a fall off a 20 foot wall. The patient's treatment history included a C6-7 fusion and an L4-L5 fusion, postoperative physical therapy, a TENS unit, and medications. The patient's medication schedule included amitriptyline, Frova, Neurontin, and Percocet. The patient was regularly monitored for aberrant behavior with urine drug screens. The patient's diagnoses included cervical spondylosis and chronic lumbar spondylosis. 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:

Percocet 7.5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The California MTUS recommends the continued use of opioids in the management of a patient's chronic pain 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 provide evidence that the patient has been on this medication since at least November 2012. The patient is monitored for aberrant behavior with urine drug screens. However, the patient's most recent clinical documentation fails to provide any evidence of significant pain relief. Additionally, there is no documentation of functional benefit related to medication usage. Therefore, continued use of this medication would not be supported. As such, the requested Percocet 7.5/325mg is not medically necessary or appropriate.