MAXIMUS Federal Services

Case Number:	CM14-0009233		
Date Assigned:	02/14/2014	Date of Injury:	08/13/2001
Decision Date:	07/25/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/23/2014

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:

This is a 66 year old patient with a date of injury on 8/13/2001. The mechnism of injury was she fell "on the right side" with resultant cervical and right arm pain. On a physical exam noted on 12/13/2013, the patient is alert and oriented x3, in mild distress, and cognitively intact. She has very limited cervical range of motion. The patient rates her pain at 5/10 with pain radiating down bilateral arms, left greater than right. Diagonostic impression shows C4-C7 anterior cervical discectomy and fusion in 2004 and status post C4-C6 bilateral neuroforaminotomies, C6 laminectomy and posterior C5 through C7 fusion complicated by MRSA, and seere left C3-C4 and right C6-C7 foraminal narrowing. Treatment to date: medication management, acupuncture, activity modificationA UR decision on 12/31/2013 denied the request for Percocet 10/325#120 stating "there is no documentation of significant positive direct physical exam findings that are recurring that would acounting for the patient's pain condition to require the ongoing opoid treatment as well as with the Percocet." The was no clear detail provided as to what specific overall functionality has been achieved with the use of Percocet as opposed to functionality without it and not clear as to why opoid weaning is not in the treatment plan. The long term use of opioids for chronic pain is not supported in the guideline criteria. There was also no documentation of significant positive objective physical examination findings that are occuring that would be accounting for a pain condition to require the ongoing opioid treatment as well as with the Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10-325 MG QUANTITY 120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. On a progress note dated 12/13/2013, the patient did mention a 25-50% improvement in pain due to the acupuncture sessions. However, no functional improvement in pain was noted from direct use of the Percocet. Furthermore, there was no documentation of CURES monitoring, drug screen, or pain contract. Therefore, the request for Percocet 10/325 #120 is not medically necessary.