

Case Number:	CM14-0127405		
Date Assigned:	08/15/2014	Date of Injury:	06/26/2010
Decision Date:	11/26/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/12/2014

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 Physical Medicine & Rehabilitation, 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:

The underlying date of injury in this case is 06/26/2010. The date of the utilization review under appeal is 07/18/2014. The specific item under appeal is Percocet 10/325 #100. A treating physician progress report of 07/07/2014 notes the patient had a history of chronic neck and upper back pain with bilateral forearm paresthesias suggestive of a C6 pattern and advanced cervical spondylosis. The treating physician noted that the patient's medications had allowed him to maintain his current level of function. The treating physician expressed concern about getting medications authorized previously, noting the patient ran out of medication a month ago, with resulting significant perspiration and withdrawal side effects. The patient was out of medication for 4 days but he got a new supply that was running out at that time. The request was for Percocet 10 #100 as a two-month supply. A physician review modified this to Percocet 10/325 #100 specifically for the purpose of weaning to discontinue this medication with reduction in medication use by 10% to 20% per week over a weaning period of two-three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325 #100; BODY PART CERVICAL SPINE: Upheld

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

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on opioids/ongoing management discusses the 4 A's of opioid management, emphasizing the necessity of functional improvement to support indication for ongoing opioid use in a chronic setting. The medical records in this case do not document these 4 A's of opioid management. It is not clear that there is an indication or documented functional benefit or functional goals to support a need for ongoing opioid use. The guidelines thus would support further opioid use only for the purpose of taper and discontinuation with a corresponding tapering plan by the treating physician but would not support this medication with the intent of continuing this dosage on an ongoing basis. Thus, while it may be appropriate for the treating physician to submit a new request with a specific weaning plan, the current request is not supported by the medical guidelines. This request is not medically necessary.