

Case Number:	CM14-0029474		
Date Assigned:	03/19/2014	Date of Injury:	07/11/2001
Decision Date:	04/24/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/07/2014

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 Anesthesiologist, Pain Medicine 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 reported an injury on 07/11/2001. The mechanism of injury was not stated. The patient is currently diagnosed with chronic cervicgia, cervical degenerative disc disease, pain related depression, pain related insomnia, possible cardiac sensitivity to methadone, and erectile dysfunction. The patient was seen by [REDACTED] on 11/08/2013. It is noted that the patient underwent a C5-6 fusion in 2001 with revision in 2007. Current medications include MS Contin, Percocet, Lyrica, Amitriptyline, and Colace. The patient reports a 50% reduction in pain and spasm with the use of the current medication regimen. Physical examination revealed tenderness to palpation throughout the cervical spine and bilateral cervical paraspinal regions, spasm into bilateral trapezii, reduced range of motion of the cervical spine, and 5/5 motor testing. The patient also demonstrated slightly reduced sensation to light touch in the ulnar distribution of the left hand. Treatment recommendations at that time included continuation of current medication and a neurosurgical consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION FOR PERCOCET 10/325 MG #180: 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 Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has utilized this medication since 2012. Although the patient reports 50% reduction in pain and spasm with the use of the current medication regimen, the patient's activity tolerance remains limited at approximately 15 minutes with the use of the medication regimen. The patient's physical examination continues to reveal tenderness to palpation, spasm, restricted range of motion, and reduced sensation. Without evidence of objective measurable improvement, the ongoing use of this medication cannot be determined as medically appropriate. Therefore, the request is non-certified.

1 NEUROSURGICAL CONSULT: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the patient's physical examination revealed 5/5 motor testing in bilateral upper extremities with intact sensation. There was no documentation of a significant neurological deficit. There is no evidence of an exhaustion of conservative treatment. It is also noted that the patient is pending an MRI with and without contrast of the cervical spine. Based on the clinical information received, the request is non-certified.