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| Case Number: | CM14-0044764 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 04/01/2009 |
| Decision Date: | 08/19/2014 | UR Denial Date: | 03/12/2014 |
| Priority: | Standard | Application Received: | 04/11/2014 |

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 and Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 51-year-old male who reported an injury on 04/01/2009. The mechanism of injury was a fall. His diagnoses included internal derangement of the cervical spine with radiculopathy; cervical, thoracic, and lumbar sprain/strain; status post C6-7 anterior cervical discectomy with fusion, and a C7-8 disc protrusion. His previous treatments included medications, physical therapy, injections, and surgery. Per the clinical note dated 03/03/2014, the injured worker was present for a re-evaluation of his persistent thoracic and cervical pain. He reported his pain had decreased since increasing the Neurontin to 600 mg 3 times a day along with 3 to 3 Percocet per day. On physical examination, the physician reported he moved with some difficulty and ambulated with a mild antalgic gait. The physician reported he had tenderness at the cervical spine and mid parathoracic region. The injured worker's current medications include Flexeril 7.5 mg, Xanax 1 mg, Neurontin 600 mg, Imitrex 25 mg, and Percocet 10/325 mg. The physician's treatment plan included a prescription for Percocet 10/325 mg 1 three times daily as needed #100. The rationale for the request of was not provided. The request for authorization was provided on 03/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg one tablet three times per day #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, specific drug list Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): page 78.

Decision rationale: The request for Percocet 10/325 mg one tablet three times per day #100 is non-certified. According to the California MTUS Guidelines, the ongoing management of opioid medications should include routine office visits and detailed documentation of the extent of pain relief, functional status in regard to activities of daily living, appropriate medication, average pain, drug-taking behaviors, and adverse side effects. The pain assessment should include current pain, the least reported pain over the period since his last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The documentation submitted for review indicated that the injured worker had persistent pain but reported it was relieved with medications. However, the documentation failed provide a detailed pain assessment using VAS scores to show pain reduction, objective measures of functional improvement, and a current urine drug screen to indicate he was in compliance with his medications. Therefore, in absence of significant pain reduction, objective functional improvements, and a recent urine drug screen to verify compliance, the criteria for ongoing use of opioid medication has not been met. As such, the request for Percocet 10/325 mg one tablet three times per day #100 is non-certified.