

Case Number:	CM14-0057628		
Date Assigned:	07/09/2014	Date of Injury:	08/02/2012
Decision Date:	08/08/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/28/2014

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 Anesthesiology, has a subspecialty in 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 injured worker is a 57-year-old male who reported injury on 08/02/2012. The mechanism of injury was not provided. On 03/05/2014, the injured worker presented with complaints of pain in the cervical spine with radiation in the thoracic interscapular region. Upon examination, there was painful range of motion of the cervical spine and a cervical MRI study demonstrated no evidence of a cervical disc protrusion or cord compression. Prior therapy included medication. The diagnoses were cervical pain, thoracic back pain, chronic pain and displacement of lumbar intervertebral disc with myelopathy. The provider recommended retrospective Percocet 10/325 mg, the provider's rationale was not provided. The Request for Authorization Form was dated 03/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Percocet 10/325mg #180 Given On 02/28/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for worker compensations ,Detoxification.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, page 78.

Decision rationale: The request for retrospective Percocet 10/325 mg with a quantity of 180 given on 02/28/2014 is not medically necessary. The California MTUS Guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain, least reported pain over the period since the 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. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increase in overall function, or improved quality of life. The provided medical documentation lacked evidence of the injured worker's failure to respond to non-opioid analgesics. The documentation lacked evidence of the efficacy of the medication, a complete and accurate pain assessment, and aberrant behaviors. As such, the request is not medically necessary.

Percocet 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation Official Disability Guidelines ,Treatment for worker compensations ,pain ,Detoxification.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, page 78.

Decision rationale: The request for retrospective Percocet 10/325 mg with a quantity of 180 given on 02/28/2014 is not medically necessary. The California MTUS Guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain, least reported pain over the period since the 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. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increase in overall function, or improved quality of life. The provided medical documentation lacked evidence of the injured worker's failure to respond to non-opioid analgesics. The documentation lacked evidence of the efficacy of the medication, a complete and accurate pain assessment, and aberrant behaviors. As such, the request is not medically necessary.