

Case Number:	CM14-0062978		
Date Assigned:	07/11/2014	Date of Injury:	01/15/2003
Decision Date:	08/13/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/05/2014

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:

According to the records made available for review, this is a 67-year-old male with a 1/15/03 date of injury. At the time (4/8/14) of request for authorization for Prospective request for 1 prescription for Percocet 10/325 mg #90, there is documentation of subjective (neck pain that remains controlled at 5-6/10 but without the medications is 8-9/10) and objective (decreased cervical spine range of motion, spasm and tenderness over the paracervical muscles, and minimal paralumbar muscle spasm) findings, current diagnoses (cervical sprain with radiculopathy, status post right total knee replacement, and lumbar radiculopathy), and treatment to date (medications including ongoing treatment with Percocet). Medical report identifies that the patient has improved pain (30-40%) and function with use of opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription for Percocet 10/325 mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Non-steroidal Anti-inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical sprain with radiculopathy, status post right total knee replacement, and lumbar radiculopathy. In addition, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of ongoing treatment with Percocet and that the patient has improved pain (30-40%) and function with use of opioids, there is documentation of functional benefit; and an increase in activity tolerance as a result of Percocet use to date. Therefore, based on guidelines and a review of the evidence, the request for prospective request for 1 prescription for Percocet 10/325 mg #90 is medically necessary.