MAXIMUS Federal Services

Case Number:	CM14-0191624		
Date Assigned:	11/24/2014	Date of Injury:	04/18/2007
Decision Date:	01/09/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/14/2014

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, has a subspecialty in Interventional Spine Pain Management 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 patient is a 44 year old female with the injury date of 04/18/2007. The patient presents with pain in her neck, mid back and lower back, radiating down her legs bilaterally, with tingling or numbness. The patient complains that her pain is constant, aggravated by her weight bearing activities. Examination shows tenderness and spasms over the paravertebral musculature. The patient presents full range of cervical motion in all directions except 20 degrees' cervical extension. The patient presents limited range of lumbar motion. Her lumbar flexion is 60 degrees, extension is 10 degrees, rotation is 10 degrees bilaterally, and tilt is 10 degrees bilaterally. Toe walking and heel walking are decreased on the left side and her left equilibrium is antalgic. MRI from 01/14/2014 reveals 1) thoracic disc herniation at T7-T8 2) disc bulges at L4-L5 and L5-S1 with exiting nerve root compromise. Per 09/11/2014 progress report, the patient has been utilizing Norco, Zofran and Carisoprodol.Diagnoses on 09/11/2014 are:1) Degenerative disc disease cervical spine with cervical radiculopathy2) Degenerative disc disease lumbar spine with lumbar radiculopathy S/P lumbar laminectomy, discectomy, fusion on 01/30/2014 and subsequent removal of lumbar hardware on 05/30/20143) Thoracic radiculopathy secondary to degenerative disc disease thoracic spine S/P thoracic laminectomy and discectomy on 06/09/20124) Anesthetic and steroid left hip joint injectionThe utilization review determination being challenged is dated on 11/03/2014. Treatment reports were provided from 05/30/2014 to 09/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78.

Decision rationale: The patient presents with pain and discomfort in her neck, mid and lower back. The patient is s/p multiple surgeries including anterior posterior lumbar laminectomy, anterior-posterior fusion at L5-S1 on 01/22/2010 and thoracic laminectomy and discectomy on 06/09/2012. The request is for Percocet 10/325mg #120. The patient had not utilized Percocet in the past. The patient has utilized other opioids, such as Norco since at least 09/11/2014. Before initiating opioid therapy, MTUS guidelines page 76-78 recommend "the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. (d) Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." In this case, the goal setting, baseline pain assessment and baseline functional assessment are not performed. Per 09/11/2014 progress report, the provider prescribed Percocet 10/325mg 3-4 times daily. There is no discussion regarding why another opiate is being tried, what the problem was with Norco and what functional improvements were achieved with prior opiate. The current request for trial of Percocet is not medically necessary.