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| Case Number: | CM14-0192857 | | |
| Date Assigned: | 11/26/2014 | Date of Injury: | 03/07/2008 |
| Decision Date: | 01/13/2015 | UR Denial Date: | 10/24/2014 |
| Priority: | Standard | Application Received: | 11/18/2014 |

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 Family Medicine and is licensed to practice in Utah. 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 48 year-old male. The patient's date of injury is 3/17/2008. The mechanism of injury is described only as an accident involving his desk chair. The patient has been diagnosed with cervical radicular disease, chronic intractable neck pain, cervical spondylosis, low back pain, and cervical decompression with fusion. The patient's treatments have included surgical intervention, injections, imaging studies, physical therapy, and medications. The physical exam findings dated April 8, 2013 states grossly unchanged, Jamar testing: right side 20/22/26: Left side 40/44/40. Notes dated March 20, 2014 state he has palpable trigger point tenderness over the cervical spine and trapezius muscles. There is muscle guarding as well. The patient's medications have included, but are not limited to, Percocet, Soma, Zantac, Diazepam and Keflex. The request is for Percocet 10/325 #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. According to the clinical records, it is stated how much Percocet the patient is taking and what the results/outcome of taking that medication were. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. According to the clinical documents, These 4 A's are stated in the note of 3/17/2008. According to the clinical documentation provided and current MTUS guidelines; Percocet, as written above, is indicated a medical necessity to the patient at this time.