MAXIMUS Federal Services

Case Number:	CM14-0209591		
Date Assigned:	12/22/2014	Date of Injury:	10/16/2001
Decision Date:	02/17/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/15/2014

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 Practice and is licensed to practice in New Jersey. 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 62 year-old male who was injured on 10/16/2001 when he developed pain in his left arm and neck and low back pain. On exam, he has cervical paravertebral muscle spasm with decreased range of motion, lumbar facet tenderness in lumbar spine, bilateral sacroiliac joint tenderness. An MRI of cervical spine showed foraminal stenosis at C5-6, C6-7. He was diagnosed with degenerative disc disease of lumbosacral spine with myofascial pain, status post failed neck syndrome, cervical and lumbar facet arthropathy, bilateral sacroiliitis. His treatment included chiropractic care, pain management, psychological pain management, epidural injections, and anterior cervical fusion with plating for C5-6, C6-7 in 1/2005. Physical therapy did not help in the past. His medications have included Oxycontin, Klonopin, rozerem, Zanaflex, and Norco. The current request is for Percocet which was modified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79, 86-87.

Decision rationale: The request is not medically necessary. The patient has been taking percocet for cervical and lumbar pain. The chart does not provide any recent quantifiable objective documentation of improvement in pain (e.g. decrease in pain scores) and function with the use of percocet. Urine drug screen results were not available in the chart. There were no drug contracts included in the chart or long-term goals for treatment. The 4 A's of ongoing monitoring were not adequately documented. There was no evidence of objective functional gains with the use of norco.. The patient's MED equivalents exceed the limit recommended by MTUS. Therefore, the request is considered not medically necessary.