

Case Number:	CM15-0004572		
Date Assigned:	01/15/2015	Date of Injury:	02/27/2012
Decision Date:	03/13/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Emergency Medicine

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 50 year old male who sustained an industrial injury reported on 2/27/2012. Mechanism of injury is described as pulling a sliding gate. He has reported neck pain. The diagnoses have included alcohol dependence; cervical disc disease; right shoulder rotator cuff injury; cervical radiculopathy; and depression and anxiety. Medical records were reviewed. Last progress note is available until 1/6/15 but most recent progress notes were not reviewed since requests for services were from date of service of 11/25/14. Another script for percocet dated 12/21/14 reportedly was post-dated but written on 11/25/14. Patient had recent C5 partial corpectomy, anterior fusion of C5-6, C5-6 intervertebral cage and anterior C6-7 segmentation with plate on 8/6/14. Progress note dated 11/25/14 states that patient had neck pain. Pain was 4/10. Objective exam reveals no neck pain on palpation with decreased range of motion. Scar is healed. Medications is only listed as Norco and Anaprox. Treatments to date have included consultations; diagnostic imaging studies; cervical spine surgery (8/6/14); physical therapy; epidural and cortisone injection therapies; and medication management. The work status classification for this injured worker (IW) was not noted. On 12/10/2014 Utilization Review (UR) non-certified, for medical necessity, the request made on 11/25/2014, for Percocet 10/325mg #60; Anaprox 550mg #60; and post-dated prescription for 12/21/2014 for Percocet 10/325mg #60, noting the Medical Treatment Utilization Schedule, opioids and non-steroidal anti-inflammatory drug Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

Decision rationale: Percocet is acetaminophen and Oxycodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. There is not a single documentation of objective functional improvement or improvement in pain documented. There is no appropriate documentation of adverse events or aberrant behavior. Patient has noted 4/10 pain with no documentation by provider to wean patient off this medication. Percocet is not medically necessary.

Anaprox 550mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs(Non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. There is no documentation of improvement with this medication. Patient has been on this medication for at least 2 months on maximal dose. There is no plan to either taper or stop this medication. Chronic use without benefit is not recommended. Naproxen 550mg is not medically necessary.

Percocet 10/325mg quantity 60 at a later date of 12/21/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

Decision rationale: Percocet is acetaminophen and Oxycodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. There is not a single documentation of objective functional improvement or improvement in pain documented. There is no appropriate documentation of adverse events or aberrant behavior. Patient has noted 4/10

pain with no documentation by provider to wean patient off this medication. This prescription is a reportedly post-dated script for 12/21/14 for services on 11/25/14. This is inappropriate and potentially illegal behavior. Percocet is a schedule 2 DEA medication which does not allow for refills. Post-dating scripts is not allowed and may be considered an attempt to circumvent the non-refill enforcement policy. Percocet is not medically necessary.