MAXIMUS Federal Services

Case Number:	CM15-0140872		
Date Assigned:	07/30/2015	Date of Injury:	09/14/2000
Decision Date:	09/16/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/20/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 59 year old male who reported an industrial injury on 9-14-2000. His diagnoses, and or impression, were noted to include: severe degenerative cervical and thoracic disc and joint changes; severe cervicothoracic foraminal stenosis; and lumbosacral degenerative disc disease without foraminal stenosis. No current imaging studies were noted. His treatments were noted to include: neurosurgical evaluation and re-evaluation; medication management with toxicology studies; and authorized surgery for 7-17-2015. The progress notes of 5-21-2015 reported the authorization for cervicothoracic surgery; that he was anxious to proceed with surgery; and the difficulty with obtaining authorization for medication refill. Objective findings were noted to include: no acute distress; development of additional weakness in the left upper extremity (biceps and triceps); and a continued markedly antalgic gait with use of cane. The physician's requests for treatments were noted to include the continuation of his medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone/APAP (acetaminophen) tab 10/325 mg Qty 180, 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant has a remote history of a work-related injury in September 2000 and is being treated for cervical and lumbar spinal stenosis. When seen, he was having increasing left upper extremity weakness. Physical examination findings included a markedly antalgic and slow gait with use of a cane. His BMI was over 44. Authorization for surgery had been improved. Percocet was refilled and was originally planned for post-operative use.Percocet (Oxycodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, an increased level of function, or improved quality of life. If intended for post-operative use, the claimant has not undergone the planned surgery. Criteria for the use of opioids include an assessment of pain and response to non-opioid analgesic medications. Without assessing pain following the planned procedure, predicting a need for opioid medication would not be possible. The request that was submitted was not medically necessary.