MAXIMUS Federal Services

Case Number:	CM15-0031236		
Date Assigned:	02/24/2015	Date of Injury:	03/19/2001
Decision Date:	04/07/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/19/2015

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: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 46-year-old male, with a reported date of injury of 03/19/2001. The diagnoses include spinal stenosis in the cervical region, cervical spondylosis without myelopathy, and postlaminectomy syndrome in the cervical region. Treatments have included an x-ray of the cervical spine on 01/22/2015; and oral medications. The progress report dated 01/12/2015 indicates that the injured worker complained of neck pain, with radiation to the bilateral upper extremity. He stated that he felt the pain getting worse. The injured worker rated his pain 6 out of 10, and without medication, the pain level could increase to 10 out of 10. The physical examination showed a distinction between dull and sharp pain in the dermatomes at C-T1 in the upper extremities bilaterally; tenderness to palpation of the cervical spine; pain and tenderness in the C3-C7 region on both sides; pain with extension of the cervical spine; pain with left lateral flexion of the cervical spine; pain with right lateral rotation of the cervical spine; pain with right lateral flexion of the cervical spine; and cervical spine rotation at 20 degrees bilaterally. The treating physician requested Percocet 10/325mg #300. The rationale for the request was not indicated. On 01/22/2015, Utilization Review (UR) modified the request for Percocet 10/325mg #300, noting that that there was insufficient evidence proving the medical necessity for maintaining the injured worker on such a high morphine equivalent dose (MED); and weaning the injured worker down and maintaining him on a guideline supported MED of 120 mg was indicated. The MTUS Chronic Pain 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 #300: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Chronic pain Medical Treatment Guidelines (May 2009), Subjective Opioid Withdrawal Scale (SOWS), Objective Opioid Withdrawal Scale (OOWS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. The patient has been using opioids for long period of time without recent documentation of full control of pain and without any documentation of functional or quality of life improvement. There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with a previous use of narcotics. There is no justification for the use of several narcotics. Therefore, the prescription of Percocet 10/325mg, #300 is not medically necessary.