MAXIMUS Federal Services

Case Number:	CM14-0116655		
Date Assigned:	08/06/2014	Date of Injury:	03/18/1997
Decision Date:	10/06/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/25/2014

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 Emergency Medicine, and is licensed to practice in California. 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:

Patient with reported date of injury on 3/18/1997. Mechanism of injury was described as a slip and fall. Patient has a diagnosis of anterior cord syndrome with Brown-Sequard leading to quadriparesis left side worse than right side, spinal stenosis, depression memory deficits, chronic pain, reflex sympathetic dystrophy of R leg, insomnia and lumbago. Patient is post anterior cervical fusion(11/2/98) at C5-C7 and another on 11/9/98. Medical reports reviewed. Last report available until 6/27/14. Patient has complains of baseline pains and depression. Neck pain is constant. Pain is 6-8/10 even with medications. Global pain mostly concentrated to R arm.Objective exam reveals calm, limited range of motion(ROM) of cervical spine, tenderness to trapezius and shoulders. limited muscle strength on exam. No imaging of electrodiagnostic studies were provided for review. Patient has completed physical therapy, work hardening program and aqua therapy. Patient is reportedly on Provigil, Senna, Requip, Zanaflex, Maxalt, Pristiq, Abilify, Gabapentin, Opana, Celebrex, Xanax, Ambien and Percocet. Independent Medical Review is for Percocet 10/325 #100. Prior UR on 7/16/14 recommended modification to #60 for weaning. UR report reports contact with primary treating physician who agrees with tapering patient off opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: when to discontinue Page(s): 79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

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. Documentation states that patient's pain is not controlled by Percocet and other opioids. As per UR Report on 7/16/14, reviewer and primary treating physician reportedly agreed to weaning patient off Percocet. Documentation does not support continued use of opioids. The number of tablets requested in this prescription is not appropriate for weaning. Percocet is not medically necessary.