

Case Number:	CM14-0124795		
Date Assigned:	08/11/2014	Date of Injury:	08/25/2009
Decision Date:	10/16/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/05/2014

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 Physical Medicine and Rehabilitation 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:

This is a patient with a date of injury of 8/25/09. A utilization review determination dated 7/25/14 recommends non-certification of Percocet. A 7/15/14 medical report identifies neck pain. She is status post anterior cervical discectomy and fusion (ACDF) at C4-5 and C5-6 as well as C2-3 and C3-4 radiofrequency ablation. On exam, there is positive cervical spasm and tenderness with limited range of motion (ROM). Cervical facet joint provocative maneuvers were positive. Percocet provides 40% improvement of breakthrough pain and 40% improvement of activities of daily living such as self-care and dressing. She is on an up-to-date pain contract and her previous urinary drug screen (UDS) were consistent with no aberrant behaviors. The patient failed Norco previously. She also utilized OxyContin, which provides 60% improvement of around-the-clock pain and ADLs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg X 100: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; regarding Percocet; Opi. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Percocet (oxycodone/acetaminophen), California Pain Medical Treatment Guidelines state that Percocet is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is documentation of 40% pain relief and functional improvement including self-care and dressing with the use of Percocet compared to prior treatment with Norco, which failed. The provider also notes that the patient has a pain contract and her previous UDS were consistent with no aberrant behaviors. As such, current use of the medication appears appropriate, although ongoing use should include routine reevaluation and documentation of the criteria noted above. In light of the above, the currently requested Percocet (oxycodone/acetaminophen) is medically necessary and appropriate.