

Case Number:	CM14-0144351		
Date Assigned:	09/12/2014	Date of Injury:	05/31/1997
Decision Date:	10/16/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/05/2014

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:

The underlying date of injury in this case is 05/31/1997. The date of the utilization review under appeal is 08/21/2014. The patient's diagnosis is status post C3-C4 anterior cervical discectomy and fusion of 05/14/2014. As of 06/27/2014, the patient was seen in treating physician followup. She was doing well and swelling had improved as has her hand numbness. Her incision was healed. At that time, a prescription for Percocet was given.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Percocet 5/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, Chronic Pain Treatment Guidelines Opioids (Weaning of Medications).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids ongoing management Page(s): 78.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on opioids ongoing management, page 78, discusses the 4 A's of opioid management recommending ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The medical records do not document these

indications and criteria for monitoring opioid use. For the period under review, the patient was approximately 6 weeks status post cervical fusion surgery and was doing well. The specific rationale or functional benefit or functional goals for continued opioid use are not documented. This request is not medically necessary.