MAXIMUS Federal Services

Case Number:	CM14-0183954		
Date Assigned:	11/10/2014	Date of Injury:	04/27/2010
Decision Date:	12/15/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/04/2014

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:

The patient has a reported date of injury on 4/27/2010. The mechanism of injury is described as a fall from a ladder. The patient has diagnosis of cervical spondylosis/myelopathy, chronic pain syndrome, constipation, bladder incontinence, chronic SI joint pain and hypertension. The patient is post multilevel lumbar fusion with bone grafting and insertion of spinal cord stimulator; dates of surgery were not documented on record. Medical reports reviewed. The patient complains of low back, upper back, mid back and neck pain. Pain is rated 6/10 with occasional flares to 10/10. There were noted issues with bladder incontinence, no noted aberrant behaviors except for occasional forgetfulness. Lyrica has reportedly improved pain and spasms. The patient reportedly takes 2-3 Oxycodone daily. No recent physical exams were noted. Progress notes only note no acute distress and documentation of vitals. Most recent physical exam is dated 5/16/14. It revealed normal neck exam, midline scars to thoracic and lumbar area. Hypertrophic muscles through left trapezius, left rhomboid and with radicular snapping band tenderness. Decreased range of motion to 20-25% of normal. Tenderness to palpation in bilateral facet joints in C4-5 and C5-6. Lumbar spine has tenderness to L4-5, L5-S1, bilateral SI joints with left side worse than right side. Edema to legs. Antalgic gait. Urine drug screens on 1/27/14 were reportedly appropriate. Medications include Morphine Sulfate ER, Lyrica, Celebrex, Zantac, Oxycodone/Acetaminophen, Amitiza, Polyethylene Glycol and Cymbalta. The patient has reported underwent epidural steroid injections and SI joint injections in the past. The patient is currently undergoing physical therapy. Independent Medical Review is for Oxycodone/Acetaminophen 10/325mg #90. Prior UR on 10/6/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone-Acetaminophen 10-325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 77-79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 12th edition, 2014, Pain, Opioid-induced constipation treatment

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 Medical Treatment Guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. The patient has well documented monitoring and management. However, the patient has reportedly been only using up to 3 tablets of Percocet a day for breakthrough pain. Urine drug screen has been appropriate and side effects are being appropriately managed. The patient has some signs of improvement on Lyrica and plan is to attempt to wean patient down from current pain regiment. The patient meets criteria for continued Percocet use. Therefore, the prescription for Oxycodone/Acetaminophen 10/325mg #90 is medically necessary.