MAXIMUS Federal Services

Case Number:	CM14-0214206		
Date Assigned:	01/07/2015	Date of Injury:	07/26/2011
Decision Date:	02/28/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: California
Certification(s)/Specialty: Family Practice

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 is a 68-year-old female insurance claims adjuster who sustained an industrial injury on July 26, 2011. The patient is currently not working and is deemed temporally totally disabled. Injury is noted to be due to cumulative trauma. She is status post C5- C6 anterior discectomy and fusion on August 14, 2012. She is status post C4- C5 and C6-C7 fusion on October 24, 2013. She is diagnosed with cervical spine sprain strain exacerbation status post cervical decompression with radiculopathy. The patient is a smoker of one pack a day for 50 years. The medical records indicate that she is receiving opioid medications from both the orthopedic physician and neurologist. The patient was seen by the orthopedic surgeon on June 2, 2014 at which time it is noted that she is down to 1 to 1 Percocet a day. Percocet was refilled and she is to continue weaning down. The patient was seen by the neurologist on November 24, 2014 at which time she complained of increased neck pain with radiation. Her current medications consists of Ansaid, Percocet 10/325 mg one half tablet 3 to 4 times a day and Cymbalta 60 mg daily. It is noted that pain medications allow for function, ADL's, driving, and house work. She has completed 22 physical therapy sessions with benefit and is doing a home exercise program. She was prescribed Percocet 10/325 mg BID-TID PRN severe pain, #60 with 1 refill.Utilization review was performed on December 3, 2014 at which time the request for Percocet 10/325 mg #60 with one refill was modified to allow #60 with zero refills. It was pointed out that the patient is receiving medications from two providers. There was no evidence of objective functional improvement and opiate monitoring was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #60 x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, long-term use of opioids is not recommended due to development of dependence and tolerance. The guidelines also recommend ongoing monitoring of chronic pain patients on opioids. There is no evidence of opiate monitoring such as a pain contract or pill counts. There is also no evidence of specific improvement in pain or function despite the ongoing use of Percocet. It should be also noted that the patient is a smoker of one pack of cigarettes per day for the last 50 years which would indicate a predilection to addiction. Furthermore, the patient is being prescribed opioid medications by two different providers and opioid prescriptions should be provided by only one physician with careful monitoring. Opioid medications cannot be abruptly discontinued and the medical records indicate that modification has been rendered to allow for Percocet 10/325 mg #60 with zero refills. The request for Percocet 10/325 mg #60 with one refill is not medically necessary.