MAXIMUS Federal Services

Case Number:	CM15-0033890		
Date Assigned:	02/27/2015	Date of Injury:	02/03/2003
Decision Date:	05/18/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/23/2015

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: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 52 year old male with an industrial injury dated 02/02/2003. His diagnosis/assessment includes post laminectomy syndrome, multiple level internal disc disruption with annular tears of the cervical spine. Prior treatment includes medications, diagnostics and surgery. He presents on 01/23/2015 with complaints of cervical pain. The pain is rated as 7 on a scale of 1-10. He also complains of low back pain rated as 5 on a scale of 1-10. Physical exam revealed the injured worker ambulated dependently with the use of a cane or crutch. He exhibited little spontaneous motion of the cervical and lumbar regions and moved in a "stiff" fashion. The treating physician notes the injured worker has substantial benefit of medications and there was no evidence of drug abuse or diversion and no aberrant behavior was observed. Most recent drug screen on 11/2014 and was within normal limits. The provider notes 90% improvement in pain on the lowest effective dosing. The plan of treatment included pain management with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet tab 10-325mg 1 by mouth every 6 hours, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-82, 68-69, 63-66, 13-16, 16-22, 22, 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 02/02/2003. The medical records provided indicate the diagnosis of post laminectomy syndrome, multiple level internal disc disruption with annular tears of the cervical spine. Prior treatment includes medications, diagnostics and surgery. The medical records provided for review do not indicate a medical necessity for Percocet tab 10-325mg 1 by mouth every 6 hours, #90. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment of there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The records reviewed indicate the use of this medication predates 07/2014 without overall improvement. The records do not indicate the injured worker is properly monitored for pain control and activities of daily living. Therefore, the requested treatment is not medically necessary.