

Case Number:	CM13-0043370		
Date Assigned:	12/27/2013	Date of Injury:	01/17/2012
Decision Date:	10/29/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/23/2013

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 & Rehabilitation, has a subspecialty in Pain 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 claimant is a 43-year-old warehouse worker for [REDACTED] with a date of injury of September 12, 2007. The mechanism of injury is noted as slipping on a wet floor. The record indicates the claimant is status post left knee synovectomy in March 2009 with subsequent chronic left knee pain. Additional diagnosis noted includes lumbar radiculitis and lumbar disc protrusion at L5-S1. The record denotes a number of clinical diagnoses including chronic left knee and chronic lumbar spine pain, brachial neuritis, cervical spine pain, thoracic spine pain, headache, dysthymic disorder, insomnia, sexual dysfunction, dizziness, anxiety, depression, and anorexia. The claimant has received multiple injections that have included diagnostic lumbar epidurals and lumbar facet joint blocks. The most recent progress note dated January 23, 2014 indicates that the claimant had adequate response to the procedures with improved activities of daily living and short-term pain reduction. At that time therapeutic lumbar epidural steroid injections at L4-5 and L5-S1 levels and lumbar facet joint blocks at the medial branch at L3-4, L4-5, and L5-S1 bilaterally. Consideration for rhizotomy was discussed if the claimant has positive response. Preop record dated December 9, 2013 indicates the claimant is not on daily medications. A prior progress note dated December 13, 2013 indicates intent to continue the following medication: Cartivisc, hydrocodone 10/325 naproxen 550 mg, omeprazole 20 mg, re-stone 3/100, and a topical compounded cream. At that time the claimant underwent a urine toxicology screen. There is no indication in the progress note of improvement with function with the medications provided. Additionally the progress note does not indicate Percocet as one of the medications provided. The more recent progress note dated January 23 does not reference medications, efficacy with medications, or Percocet as a medication being utilized. A pharmacy letter dated January 21, 2014 is provided, indicating that the organization to which the letter is provided has been served, and is in possession of all supporting

documentation necessary to make a decision regarding authorization of treatment. The letter indicates the claimant has presented to the prescribing physician, who recommended Sumatriptan and, Omeprazole, Hydrocodone/APAP 10/325, Naproxen Sodium, and Condrolite.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 5/325MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Oxycodone/Acetaminophen Page(s): 91.

Decision rationale: Percocet (Oxycodone/acetaminophen) 5/325 is a branded combination of a short-acting opioid, oxycodone, with acetaminophen. There is no dosing regimen noted on the request, the MED is 30 mg per day and the daily acetaminophen load is 1500 mg. When noting that the medical record does not reference this medication, or provide documentation of efficacy or utility for this medication, nor is there an up-to-date list of medications noting all opiates that the claimant is concurrently on, this medication cannot be rendered medically necessary at this time.