

Case Number:	CM13-0068996		
Date Assigned:	01/31/2014	Date of Injury:	05/30/2003
Decision Date:	05/27/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 Physician 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 is a 61 year old male with a work injury dated 05/30/03. The diagnoses include intervertebral lumbar disc without myelopathy, degenerative lumbar disc disease, shoulder region joint pain, rotator cuff syndrome, thoracic/lumbosacral neuritis/radiculitis, lumbago, post lumbar laminectomy syndrome. There is a request for the medical necessity of Percocet 10/325mg tab (Oxycodone-Acetaminophen) #180 A 7/17/13 document indicated that the claimant had critical allergies to oxycodone. The patient returns for a follow up visit on 12/16/13. He has chronic severe multilevel pain secondary to failed back surgery. He also has a history of left shoulder surgery and a spinal cord stimulator which he uses. The patient reports he is tapering Lyrica and Percocet. He states that the medications allow him to do the activities of daily living. The pain level is 10/10 without medications and 2-3/10 with medications. On physical exam he is in no acute distress. His deep tendon reflexes are decreased. His lumbar paraspinals are tender to palpation. His seated straight leg raise is positive. His gait is normal. His strength and sensation in the RLE are decreased. His 11/18/13 UDS is consistent. The plan includes renewals of Avinza, Percocet, Zanaflex. A 6/19/13 review recommended weaning Percocet due to medication non-compliance guidelines. Prior review on 11/7/13 stated that Avinza and Percocet were non-certified due to medication guideline non-compliance. The reviewing physician indicated that the patient should be weaned by now based on prior review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325MG TAB (OXYCODONE-ACETAMINIOPHEN) #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION PAIN OUTCOMES AND ENDPOINTS / WHEN TO DISCONTINUE OPIOIDS / WHEN TO CONTINUE OPIOIDS / O.

Decision rationale: Percocet 10/325mg tab (Oxycodone-Acetaminophen) #180 is not medically necessary according to the MTUS guidelines. Several prior reviews have recommended weaning due to medication guidelines non-compliance in the documentation. According to the MTUS the physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. The MTUS furthermore indicates that opioids should be discontinued if there is no significant functional improvement. There is a 5/16/13 UR review that states that it certified Percocet but stated that in order for this medication to be considered for certification on prospective/subsequent review, submission of medication compliance guidelines including documentation of current urine drug test, risk assessment profile, attempt at weaning/tapering, and an updated and signed pain contract between the provider and claimant, as well as ongoing efficacy (measurable subjective and/or functional benefit with prior use) with medication use, will be required. The documentation submitted does not reveal evidence of measurable functional improvement as defined by the MTUS. The documentation indicates that an opportunity for weaning was made on 5/13/13. At this point the employee should be weaned. The request for Percocet 10/325mg tab (Oxycodone-Acetaminophen) #180 is not medically necessary.