MAXIMUS Federal Services

Case Number:	CM14-0000232		
Date Assigned:	06/11/2014	Date of Injury:	06/30/2002
Decision Date:	07/14/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/02/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 56 year old male who reported an injury on 06/30/2002 of an injured back loading crop dusting planes at work. The injured worker received conservative care, on-going psychiatric therapy and finally, back surgery on 06/13/2012. At that time, the injured worker received fusion with instrumentation to L4-L5. For post-surgical therapy, the injured worker continued with conservative care including pain management and psychiatric care for depression with expressed thoughts of suicide. The injured worker states pain is occurring 24 hours a day and has a range of 4-8/10 aggravated by prolonged sitting, standing, walking or lifting. The current medications are: Klonopin, Ambien, Viibrad, a transdermal Fentenyl patch, Percocet, Prilosec, Anaprox, Gabapentin and Wellbutrin. The physician feels a continuation of percoset to help with pain management is necessary and sent a signed and dated (12/13/13) request for authorization form for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET (OXYCODONE/APAP) 10/325 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: The request for Percoceet 10/325 mg #60 is non-certified. The injured worker was post-surgical after sustaining a back injury at work and subsequent lumbar fusion with instrumentation at L4 and L5. Since then, he has received Fentenyl transdermal patches for pain management and Percocet for break-through pain. Chronic pain medication guidelines state use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Further, guidelines also conclude Percocet should be tapered off gradually and replaced if no overall improvement in function and no resolution to pain has occurred. The injured worker has been compliant with post-surgical therapy however, he presents with no improvement in function and pain has not been reduced under this management plan. The notes indicate that Percocet two times a day is not sufficient to cover the injured worker's pain. In addition, the request does not include a frequency. Therefore, the request for Percocet 10/325 mg #60 is non-certified.