

Case Number:	CM14-0013600		
Date Assigned:	02/26/2014	Date of Injury:	04/20/2008
Decision Date:	08/19/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/03/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of April 20, 2008. A utilization review determination dated January 24, 2014 recommends for Percocet as not medically necessary. A progress report dated January 14, 2014 identifies subjective complaints indicating that the patient needs more medication for pain. The patient has lower back pain on the left and right rated as 8/10. He complains of pain radiating into the left lower extremity. He is currently using oxycodone four tablets per day. The injured worker's past medications have included Ibuprofen, Tramadol, Celebrex, Vicodin, Opana, Lyrica, Neurontin, Oxycontin, and Avinza. The patient signed a narcotic agreement in 2010 and had a low risk using the Opioid Risk Tool. The patient took more medication than prescribed in December 2013 and July 2013. The patient did not bring medication for pill counts in November 2013 and January 2014. The physical examination findings identify diffuse tenderness in the lumbar spine with restricted range of motion and pain. There is decreased sensation in the left lower extremity along with Allodynia. The injured worker's diagnoses include post laminectomy syndrome, lumbar disc displacement with radiculitis, chronic pain syndrome, sacral ileitis, and morbid obesity. The treatment plan recommends continuing Percocet and Ibuprofen. The note indicates that analgesia, activities of daily living, adverse effects, and aberrant behavior were discussed with the patient (none of those things were documented). A progress report dated July 1, 2013 indicates that the patient has been using of Avinza. The requesting physician indicates that Avinza is a past medication, and the only current opiate being prescribed is Percocet. The physician goes on to recommend tapering Percocet if the patient continues to gain weight. More recent progress reports identify a 10 pound weight gain.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325 MG #120 FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 120 of 127.

Decision rationale: Regarding the request for Percocet (oxycodone/acetaminophen), California Pain Medical Treatment Guidelines state that Percocet is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, although the requesting physician has stated that he discussed analgesia, and objective functional improvement with the patient as a result of the currently prescribed medications, there is no documentation identifying either of those things. There is no documentation identifying reduced pain or improve function as a result of the currently prescribed medications. Additionally, the requesting physician has identified that there has been multiple violations of the narcotic agreement including using medication more than prescribed on 2 occasions in 2013, and taking Avinza when it was no longer being prescribed, and it is unclear how those situations were dealt with. Finally, the requesting physician has recommended detox if the patient continues to gain weight, and recent progress notes identify a 10 pound weight gain. In light of the above issues, the currently requested Percocet is not medically necessary.