

Case Number:	CM14-0014112		
Date Assigned:	02/26/2014	Date of Injury:	08/10/1998
Decision Date:	08/19/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/31/2014

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 August 10, 1998. A utilization review determination dated January 15, 2014 recommends modified certification of Percocet 10/325. The initial request was for #90, three times a day, and the request was modified to #60, two times per day. Modified certification was recommended due to lack of surveillance regarding side effects and aberrant behavior, therefore weaning was recommended. A progress report dated December 31, 2013 identifies subjective complaints of mid back pain radiating to the postero lateral thigh and calf. The low back pain is rated as 9.5/10 and of the thoracic pain is rated at 7/10. The patient indicates that the quality of sleep is poor and that he has a CPAP machine. The patient is using the medications as prescribed but states that the medications are less effective. Current medications include Norco 10/325 1 tablet 3 to 4 times a day as needed. The note indicates that a CURES report was reviewed from December 3, 2013 and was consistent. Physical examination reveals restricted lumbar range of motion with pain and tenderness to palpation. There is some weakness on the left side lower extremities and decreased sensation over the lateral foot, medial foot, and 1st toe on the left side. Diagnoses include lumbar degenerative disc disease, lumbar radiculopathy, and thoracic degenerative disc disease. The treatment plan recommends considering a lumbar epidural steroid injection and increasing Norco to 4 times per day. The note indicates that with the help of the pain medication, the patient continues to work full-time. The patient is also able to remain independent with self-care and complete household chores with less pain due to the pain medication. A prescription is given for Percocet and Zanaflex. A progress report dated December 3, 2013 includes the treatment plan stating I will take over care as the primary treating physician. A urine toxicology screen is positive for opiates and benzodiazepines and negative for all else. Medications listed include amlodipine, allopurinol, and indomethacin. The treatment plan goes on to recommend prescribing Vicodin 5/300 max 4 per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325 MG TABLET, QUANTITY 90, 1 THREE TIMES A DAY AS NEEDED: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, SPECIFIC DRUG LIST Page(s): 92.

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

Decision rationale: Regarding the request for Percocet (oxycodone/acetaminophen), the 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, it appears that there was a urine drug screen performed on December 3, 2013, which is positive for benzodiazepines and opiates. However, the physicians report from that date does not indicate that the patient was being prescribed either of those classes of medications. There is no discussion regarding these aberrant results on toxicology testing. Additionally, the December 31, 2013 progress report recommends utilizing Norco 10/325 for pain control, but provides a prescription for Percocet. Due to not having enough clarity regarding these issues, the currently requested Percocet is not medically necessary.