

Case Number:	CM14-0120051		
Date Assigned:	08/06/2014	Date of Injury:	11/16/2011
Decision Date:	09/17/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/30/2014

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 Family Medicine 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:

57 year old female claimant sustained a work injury on 11/16/11 involving the low back, neck and hip. She was diagnosed with cervical strain, L3-L4 annular tear and L5-S1 facet arthropathy. A progress note on 6/17/14 indicated the claimant had 7/10 back pain. The range of motion of the hips and back were reduced. Neurological exam was intact. A urine drug screen reviewed at the time indicated positive hydromorphone and its metabolites. She had been on Percocet from the treating physician and Tramadol from another physician to manage another "body part." Due to ongoing pain, she was referred to multidisciplinary pain management. At the time, the claimant was continued on Percocet 10mg, 6 times daily for another month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg # 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Opioids, pages 82-92. The Expert Reviewer's decision

rationale:Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated as a first line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. Percocet is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Percocet for an unknown length of time. There was no indication of in pain or function from prior visits. In addition, the claimant will be involved in a pain management program. The continued use of Percocet is not supported by the documentation and is considered not medically necessary.