

Case Number:	CM14-0122686		
Date Assigned:	09/16/2014	Date of Injury:	02/20/2001
Decision Date:	12/08/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/04/2014

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 Orthopedic Surgery, has a subspecialty in Internal 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:

The patient is an injured worker with cervical spine and lumbosacral spine conditions. Date of injury was 02-20-2001. Medical history included chronic low back pain, left lower extremity pain, cervical and lumbar intervertebral disc disorder, and bipolar disorder. The progress report dated 12/12/2013 documented subjective complaint of feeling drowsy due to medications. Medications included Percocet 10/325, Relafen, Prilosec, Neurontin, Seroquel, Lidoderm patch, and Provigil. Objective findings included reduced range of motion of cervical and lumbar spine with pain. Inspection was normal. Good strength in both upper and lower extremities were noted. Gait and stance were normal. Diagnoses included neck pain, upper extremity pain, low back pain, and right lower extremity pain. Treatment plan included continuation of medications. The request for authorization (RFA) date was 7/9/14. Percocet 10/325 mg was requested. Utilization review determination date was 7/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints

Page(s): 47-48; 181-183; 308-310,Chronic Pain Treatment Guidelines
OpioidsOxycodone/Acetaminophen (Percocet) Page(s): 74-96; 92.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for neck and back conditions. Medical records document the long-term use of opioids. ACOEM guidelines do not support the long-term use of opioids. The request for authorization for Percocet 10/325 mg was dated 7/9/14. The latest available progress report submitted for review was dated 12/12/13. No progress reports from the year 2014 were submitted for review. Without current progress reports documenting subjective complaints and objective findings, the prescription for Percocet, which is a DEA Schedule II medication, is not supported. Therefore, the request for Percocet 10/325 #180 is not medically necessary.

Percocet 10/325mg # (Unspecified Quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints
Page(s): 47-48; 181-183; 308-310,Chronic Pain Treatment Guidelines
OpioidsOxycodone/Acetaminophen (Percocet) Page(s): 74-96; 92.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for neck and back conditions. Medical records document the long-term use of opioids. ACOEM guidelines do not support the long-term use of opioids. The request for authorization for Percocet 10/325 mg was dated 7/9/14. The latest available progress report submitted for review was dated 12/12/13. No progress reports from the year 2014 were submitted for review. Without current progress reports documenting subjective complaints and objective findings, the prescription for Percocet, which is a DEA Schedule II medication, is not

supported. Therefore, the request for Percocet 10/325mg # (Unspecified Quantity) is not medically necessary.