

Case Number:	CM14-0158545		
Date Assigned:	10/02/2014	Date of Injury:	05/03/2005
Decision Date:	11/24/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/26/2014

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 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:

This is a patient with a date of injury of May 3, 2005. A utilization review determination dated August 28, 2014 recommends modified certification of Percocet to allow weaning. Modified certification was recommended due to lack of documentation of significant improvement in pain or function. A year and drug screen performed on August 14, 2014 is positive for opiates, amphetamines, methamphetamine, and PCP. It is also positive for oxycodone. A progress note dated August 14, 2014 identifies subjective complaints indicating that the current medications are "helping." The note indicates low back pain and radicular pain down her leg. Overall functioning is "at baseline." There are no side effects reported from the current medications and no aberrant drug taking behaviors are reported. Physical examination findings revealed tenderness across the patient's lower back with decreased range of motion. There is also decreased sensation in the left L4, L5, and S1 dermatomes with positive straight leg raising on the left. Diagnoses include chronic low back pain status post fusion L4-5 and L5-S1, failed back surgery syndrome, left L4 and L5 radiculopathy, and depression/anxiety. The treatment plan recommends a urine toxicology test and continue current medications including Percocet. A urine toxicology test dated July 17, 2014 is positive for all substances tested. A progress note dated July 17, 2014 states that the urine toxicology test is "consistent with the medications reporting." Notes indicate that the patient is taking Adderall.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 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, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). Additionally, there is no discussion regarding the patient's urine drug screens which have demonstrated positive findings for methamphetamine, PCP, and others. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Percocet 10/325mg #120 is not medically necessary.