

Case Number:	CM14-0020265		
Date Assigned:	06/20/2014	Date of Injury:	10/24/1978
Decision Date:	08/07/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/18/2014

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 & Rehabilitation, and is licensed to practice in California and Washington. 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 injured worker is a 76-year-old male who reported an injury on 10/24/1978 with the mechanism of injury not cited within the documentation provided. In the clinical note dated 04/09/2014, the injured worker complained of bilateral back pain with bilateral lower extremity numbness. Prior treatments included surgeries and prescribed pain medications. The injured worker's prescribed medication regimen included medical THC, Pravachol 10 mg, atenolol 25 mg, Percocet 10/325 mg 4 times a day as needed for pain, aspirin 81 mg daily, Lyrica 75 mg daily, vitamin D3 1000 mg daily and fish oil. The physical examination revealed tenderness upon palpation of the lumbar and thoracic paraspinal muscles. It was noted that the lumbar and thoracic ranges of motion were restricted by pain in all directions. It was also noted that lumbar discogenic and thoracic facet joint provocative maneuvers were positive. The diagnoses included thoracic facet joint pain, thoracic facet joint arthropathy, central disc protrusion at L4-5 and L5-S1, left L4 and left L5 laminectomy defects, lumbar degenerative disc disease, lumbar facet joint arthropathy, bilateral lower extremity radiculopathy, lumbar postlaminectomy syndrome, lumbar sprain/strain, hypertension and hyperlipidemia. The treatment plan included a request for Percocet 10/325 mg 1 tab by mouth every 6 hours as needed for pain #120 with 3 refills. It was noted that the injured worker's pain level status was a 4/10 to 5/10 on the visual analog scale; and without the use of Percocet, the injured worker's pain level status was a 9/10 to 10/10 on the visual analog scale. The Request for Authorization for the prescription of Percocet 10/325 mg 1 tab by mouth every 6 hours as needed for pain #120 with refills times 3 was submitted on 04/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The request for Percocet 10/325 mg is not medically necessary. The California MTUS Guidelines state that Opioids for chronic back pain appear to be efficacious, but limited for short-term pain relief, and long-term efficacy is unclear (greater than 16 weeks), but also appears limited. Failure to respond to a time-limited course of Opioids has led to the suggestion of reassessment and the consideration of alternative therapies. Percocet's analgesic dose is based on Oxycodone content and should be administered every 4 to 6 hours as needed for pain, initially at 2.5 to 5 mg by mouth every 4 to 6 hours as needed. The maximum daily dose is based on the Acetaminophen content (maximum of 4000 mg per day). For more severe pain, the dose (based on Oxycodone) is 10 to 30 mg every 4 to 6 hours as needed for pain. The dose should be reduced in injured workers with severe liver disease. In the clinical notes provided for review, there is a lack of documentation of the duration for which the prescribed medication of Percocet has been used. It is documented that the injured worker's date of injury was 10/24/1978, which is over 35 years ago. As such, there is a lack of documentation of any new injuries or symptoms to warrant the use of Percocet. Furthermore, the guidelines do not recommend the use of opioids for greater than 16 weeks. Therefore, the request for Percocet 10/325 mg is not medically necessary.