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| Case Number: | CM14-0063981 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 04/21/2011 |
| Decision Date: | 09/15/2014 | UR Denial Date: | 05/02/2014 |
| Priority: | Standard | Application Received: | 05/06/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 46 year old male who sustained an injury on 04/21/11. No specific mechanism of injury was noted. The injured worker was followed for persistent complaints of low back pain with associated numbness in the lower extremities. The injured worker was followed by pain management and prescribed multiple medications including Percocet 10/325mg at a quantity of six per day morphine sulfate 15mg twice daily and Neurontin Ambien Colace. With narcotic medications the injured worker reported good pain relief with the ability to perform daily exercises and walking. No aberrant drug behavior was reported. As of 04/15/14 pain was 4/10 in intensity. Urine drug screens were consistent. The injured worker was continued on MS Contin 15mg twice daily and Percocet 10/325mg six per day. Two prescriptions were written one for continuing use and one to fill as of 05/15/14. The requested medications including Percocet 10/325mg #360 and future prescription of Percocet #360 to be filled on 05/15/14 was denied by utilization review on 05/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the first request for Percocet 10/325mg #360 this reviewer would not have recommended this request as medically appropriate. This amount of Percocet requested was modified by utilization review on 05/02/14 for quantity of 180. This reviewer would have agreed with the prior utilization review as a quantity of 360 tablets of Percocet 10/325mg would have been considered excessive. Guidelines recommend there be ongoing assessments regarding the efficacy obtained with narcotic analgesics. This was noted in the clinical record but based on the amount of Percocet being utilized the quantity requested would be outside of guideline recommendations. This reviewer would have agreed with the modification for 180 tablets through 05/15/14.

Percocet 10/325mg #360 (do not fill until 05.15.2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the 2nd request for Percocet 10/325mg #360 to be filled on 05/15/14, this reviewer would not have recommended this request as medically appropriate. This amount of Percocet requested was modified by utilization review on 05/02/14 for quantity of 180. This reviewer would have agreed with the prior utilization review as a quantity of 360 tablets of Percocet 10/325mg would have been considered excessive. Guidelines recommend there be ongoing assessments regarding the efficacy obtained with narcotic analgesics. This was noted in the clinical record but based on the amount of Percocet being utilized the quantity requested would be outside of guideline recommendations. This reviewer would have agreed with the modification for 180 tablets through 05/15/14.