

Case Number:	CM14-0076519		
Date Assigned:	07/18/2014	Date of Injury:	06/04/2002
Decision Date:	09/24/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/27/2014

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 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 injured worker is a 61 year old female who was reportedly injured on 06/04/2002. The mechanism of injury is not listed in the records reviewed. Last progress report dated 12/29/2013, the injured worker reported that the Percocet 10/325mg worked better than the Percocet 5/325mg four times a day along with the then taken Neurontin. Pain level is 6/10 and after medication it was reduced to 4/10. Tenderness was noted over the lumbosacral area. Lumbar range of motion shows flexion 45 degrees, extension is minimal beyond neutral. Rotation right and left restricted to 20 degrees. She ambulates with a cane due to discomfort in the lower back. Straight leg raise is positive on the right. Motor strength is 5/5 in bilateral lower extremities with some give way on the right due to pain. A request was made for Percocet tablets 325;10 mg, # 180 and was denied by utilization review on 05/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet tablets 325/10 mg, # 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 80, 81.

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

Decision rationale: According to CA MTUS guidelines, Percocet (Oxycodone & Acetaminophen) as a long acting Opioid is recommended for chronic pain management under certain criteria. The guidelines state the following for continuation of management with Opioids; "(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the Opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". The medical records do not address any pain and/or functional assessment related the medication, in order to consider the continuation of Percocet administration. On the other hand, the available records do not show Urinary toxicology study to support or rule out the patient compliance. Furthermore, there is no documentation of any significant improvement in pain or function with continuous use. Therefore, the medical necessity of Percocet has not been established.