

Case Number:	CM13-0028912		
Date Assigned:	09/08/2014	Date of Injury:	11/02/2000
Decision Date:	02/13/2015	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/24/2013

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 Occupational 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 individual is a 73 y/o male who developed chronic low back pain subsequent to an injury dated 11/2/2000. He is reported to have VAS scores that range from 5-9/10. He also has developed a chronic pain syndrome with its associated depression and insomnia. He has been treated with spinal surgery, injections and a spinal cord stimulator without significant success. He has significant limitations in his ability to walk due to his pain and radiculopathy. There is no history of medication misuse. Prior medications included Hydrocodone, but its benefits have recently waned so a trial of Percocet was recommended. This request was modified in U.R. to approval of a 1-month trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, #150: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77 and 78.

Decision rationale: MTUS Guidelines supports a trial of opioid rotation or increased potency opioids if they have provided meaningful relief, but the effectiveness has diminished. The trial of

Percocet is consistent with Guidelines. This can be re-reviewed in the future if the Percocet is utilized long term and there is a reason to question its benefits. The Percocet 10/325mg #150 is medically necessary.