

Case Number:	CM14-0172148		
Date Assigned:	10/23/2014	Date of Injury:	07/25/2012
Decision Date:	02/25/2015	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 July 25, 2012. A utilization review determination dated September 26, 2014 recommends noncertification of Percocet. A progress report dated September 18, 2014 identifies subjective complaints of ongoing left groin pain. The note indicates that the patient uses oxycodone 15 mg 5 pills per day with no side effects. The patient is waiting for a right knee replacement. On June 19, 2014, the patient reported some improvement with the increase in Percocet. Current medications include etodolac, Percocet, and Robaxin. The physical examination reveals 5/5 strength in all muscle groups with intact sensation. Diagnoses included mononeuritis of the lower limb, pelvic pain, and chronic pain syndrome. The treatment plan recommends bilateral hip x-ray, continue Percocet 10/325 max 4/day, and stop Robaxin.

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), no documentation regarding side effects, and no discussion regarding aberrant use. 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. Additionally, it is unclear how the patient is utilizing this medication. The requesting physician states that the patient is taking oxycodone 15 mg up to 5 times per day, but in the same note states that the patient is taking Percocet 10/325 with a maximum of 4 per day. In the absence of clarity regarding the above issues, the currently requested Percocet (oxycodone/acetaminophen) is not medically necessary.