

Case Number:	CM14-0178027		
Date Assigned:	11/19/2014	Date of Injury:	03/18/2005
Decision Date:	01/07/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/27/2014

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 Family Practice 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 is a 62 yr. old male claimant with a cumulative work injury from 5/25/04- 05/25/05 involving the neck and wrists. He has a past medical history of hypertension, borderline diabetes and noted diagnoses of pain disorder, insomnia, urinary frequency and depression. His surgical history included being status post two cervical spine procedures, right carpal tunnel surgery, and right shoulder repair. Prior treatment included acupuncture total of 14 visits and medication management. He had been on Percocet since at least March 2014. Progress note on October 9, 2014 indicated the claimant had 30 to 40% relief with acupuncture. He required less Norco. This exam was unremarkable. A request for continuing Percocet 10 milligrams tablets every four hours was requested .

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Percocet 10/325mg #120 with 2 refills: 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 opioids Page(s): 82-92.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant's pain scale and function had improved with acupuncture and required less medication. The claimant had been on Percocet for several months. There was no indication of failure of Tylenol or NSAID. The continued and long-term use of Percocet is not medically necessary.