

Case Number:	CM14-0192395		
Date Assigned:	11/26/2014	Date of Injury:	04/23/1998
Decision Date:	01/12/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/18/2014

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 Medicine and is licensed to practice in New Jersey. 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 worker is a 63 year old male who was injured on 4/23/1998 after falling. He was diagnosed with lumbosacral disc degeneration, lumbar radiculitis, bilateral hip pain, and chronic low back pain. He was treated with medications including opioids, physical therapy, back support, injections, and radiofrequency ablation. On 10/16/2014 the worker was seen by his pain management physician reporting of chronic low back pain with numbness in his bilateral feet, rated 4/10 on the pain scale with medication use (Percocet, Celebrex, gabapentin) and 8/10 without any medication. He reported that his medications allow him to complete activities such as walking, shopping, and light household chores. He also reported being able to work 8-10 hours per day. He reported no new changes. He was then recommended to use ice, heat, rest, stretching, exercise, Percocet, Zanaflex, gabapentin, and Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg # 70: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker who reportedly had no side effects from his various pain medications, including Percocet, and improvement in function and reduction in pain from their collective use, there was however, no report on his functional levels and pain levels with and without his Percocet independent of his other medications, which would be required in order to clearly justify Percocet continuation. Without this evidence, the Percocet will be considered medically unnecessary until provided.