

Case Number:	CM14-0195358		
Date Assigned:	12/03/2014	Date of Injury:	05/13/2013
Decision Date:	01/20/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/21/2014

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 & Rehabilitation, Fellowship Trained in Pain Management and is licensed to practice in New York. 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 51-year-old male who reported an injury on 06/24/2013. The mechanism of injury was cumulative trauma. His diagnoses include cervical sprain, left upper extremity radiculopathy, and cervical myelopathy. Past treatments were noted to include medications. On 09/04/2014, it was noted the injured worker had tenderness in the low back. Upon physical examination, the injured worker had tenderness in the left lumbosacral region. His medications were not included in the report. The treatment plan was noted to include SSEP nerve studies. The request was received for oxycodone-APAP (Percocet) 10/3325mg #20 and oxycodone ASA (Percodan) 4.8355/325mg #120 without a rationale. The Request for Authorization for Percocet was signed 09/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone-APAP (Percocet) 10/3325mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Opioids, criteria for use Page(s): 76, 77.

Decision rationale: According to the California MTUS Guidelines, this medication is considered a short acting opioid to treat intermittent or breakthrough pain. There is no documentation noting if the use of this medication was ongoing or initial. There was also a lack of documentation noting the injured worker's pain and a rationale to warrant the medical necessity for this request. Consequently, the request for oxycodone-APAP (Percocet) 10/3325mg #20 is not supported by the evidence based guidelines. Additionally, the request does not specify duration or frequency of use. As such, the request for oxycodone-APAP (Percocet) 10/3325mg #20 is not medically necessary.

Oxycodone ASA (Percodan) 4.8355/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Opioids, criteria for use Page(s): 76, 77.

Decision rationale: According to the California MTUS Guidelines, this medication is considered a short acting opioid to treat intermittent or breakthrough pain. There is no documentation noting if the use of this medication was ongoing or initial. There was also a lack of documentation noting the injured worker's pain and a rationale to warrant the medical necessity for this request. Consequently, the request for oxycodone-APAP (Percocet) 10/3325mg #20 is not supported by the evidence based guidelines. Additionally, the request does not specify duration or frequency of use. As such, the request for oxycodone ASA (Percodan) 4.8355/325mg #120 is not medically necessary.