

Case Number:	CM14-0208253		
Date Assigned:	12/19/2014	Date of Injury:	10/30/1996
Decision Date:	02/17/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/11/2014

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 Rehab, has a subspecialty in Pain 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 is a female patient with a date of injury of October 30, 1996. A utilization review determination dated December 4, 2014 recommends non-certification of Percocet 10/325 mg #420 with modification to #220 for weaning purposes. A progress note dated November 20, 2014 identifies subjective complaints of an average pain level of 9/10, with medications her pain level is a 6/10, and her pain without medications is a 10/10. There is no physical examination noted. There are no diagnoses listed. There is a statement documented reporting that 2 months of the meds will be given due to the holidays.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/375 mg QTY: 420: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92, 79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, and 120.

Decision rationale: Regarding the request for Percocet (oxycodone/acetaminophen) 10/325mg #420, 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 injured worker's function (in terms of specific examples of functional improvement), no documentation regarding side effects, and no discussion regarding aberrant use. In light of the above issues, the currently requested Percocet 10/325mg #420 is not medically necessary.