

Case Number:	CM14-0209002		
Date Assigned:	12/22/2014	Date of Injury:	05/03/2011
Decision Date:	02/13/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/15/2014

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 Occupational 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 individual is a 49 y/o male who has developed chronic spinal pain subsequent to an injury dated 5//3/11. He has been diagnosed with a cervical and lumbar radiculopathy. It is clearly documented that his mediations allow for a 50% improvement in pain and improved functioning. Due to a denial of Hydrocodone, a trial of Percocet was recommended. There is no history of misuse or aberrant drug related behaviors. Adjuvant medications include Fluoxetine and Mirtazapine. The Percocet was denied in UR without any mention of the documented improvements in pain or function with prior opioid use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg 1 q4-6 hrs tabs 120: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids for Chronic Pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers Compensation (TWC), Treatment, Integrated Treatment / Disability Durations Guidelines, Low Back, Lumbar & Thoracic (Acute & Chronic) Updated 10/28/2014, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids when to continue Page(s): 80.

Decision rationale: MTUS Guidelines point out the limited knowledge and problems associated with long term opioid use. However, the Guidelines do not preclude their use. Judicious use of opioids is Guidelines is supported when there is meaningful pain relief and functional improvements associated with their use. These benefits are clearly documented in the medical records. Under these circumstances, the request for Percocet 10/325mg q 4-6 hrs #120 is medically necessary.