

Case Number:	CM14-0042458		
Date Assigned:	06/30/2014	Date of Injury:	03/14/2006
Decision Date:	03/30/2015	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

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 41 year old male who sustained an industrial related injury on 3/14/05. The injured worker had complaints of low back and bilateral lower extremity pain. Bilateral knee pain and headaches were also noted. Physical examination findings included restricted lumbar range of motion, lumbar muscle spasms, and positive lumbar discogenic and sacroiliac joint provocative maneuvers. Diagnoses included lumbar post laminectomy syndrome, status post L5-S1 discectomy and fusion, left paracentral disc protrusion at L5-S1 with annular disc tear displacing the left S1 nerve root, and lumbar degenerative disc disease. Medications included Percocet, Valium, and OxyContin. The treating physician requested authorization for Percocet 10/325mg #90 to permit weaning of total opioid dose to 120mg or below over 3 months. On 4/1/14 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted the continued chronic use of the currently prescribed dose of this opioid medication has not been established. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg . 1 tab TID PRN Pain Count #90 to permit weaning of total opioid dose to 120 mg med or below over 3 months, units 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning Medicationsopioids Page(s): 82-92. 123.

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 had been on Percocet since atleast 2013 along with Oxycontin. There were no pain scores documented and there was no indication of Tylenol failure for break through pain. IN addition, there was no mention of a weaning protocol. The MTUS guidelines state the following for weaning: Opioid weaning should include the following: (a) Start with a complete evaluation of treatment, comorbidity, psychological condition; (b) Clear written instructions should be given to the patient and family; (c) If the patient can not tolerate the taper, refer to an expert (pain specialist, substance abuse specialist); (d) Taper by 20 to 50% per week of original dose for patients who are not addicted (the patient needs 20% of the previous day's dose to prevent withdrawal); (e) A slower suggested taper is 10% every 2 to 4 weeks, slowing to a reductions of 5% once a dose of 1/3 of the initial dose is reached; (f) Greater success may occur when the patient is switched to longer-acting opioids and then tapered; (g) Office visits should occur on a weekly basis; (h) Assess for withdrawal using a scale such as the Subjective Opioid Withdrawal Scale (SOWS) and Objective Opioid Withdrawal Scale (OOWS); & (i) Recognize that this may take months. Based on the guidelines above and clinical information provided, the continued Percocet as requested above is not medically necessary.