

Case Number:	CM15-0002681		
Date Assigned:	01/13/2015	Date of Injury:	08/09/1999
Decision Date:	03/10/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	01/06/2015

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: North Carolina, Georgia
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 was a 55 year old male, who sustained an industrial injury, August 9, 1999. The injured worker's chief complaint was chronic low back pain radiating down both legs left greater than the right, neck pain to the right shoulder to the hand. The injured worker was diagnosed with displacement lumbar disc without myelopathy, unspecified myalgia and myositis, degenerative cervical intervertebral disc, degenerative lumbar/lumbosacral intervertebral disc, thoracic/lumbosacral neuritis/radiculitis, cervical spondylosis without myelopathy, lumbago, cervicgia, brachial neuritis/radiculitis, depression, chronic low back pain radiating down both legs left greater than the right. The injured worker was treated with pain medication and cane for ambulation. The treating physician documents a plan for weaning oxycodone as current MED is greater than the recommended 120. The documentation does not address weaning of Percocet. On December 1, 2014, the UR issued a modified approval for Percocet 10/325mg 4 times a day #120. The modification was based on the MTUS guidelines for Opioids for chronic pain, taper/weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325 MG QID #120; FOR THE PURPOSE OF TAPERING TOTAL OPIOIDS TO AT OR BELOW 120 MED BY DECREASING DOSAGE BY 10% EVERY 2-4 WEEKS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Percocet, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. Additionally, MED of greater than 120 is not recommended because of risks associated with opioid use at this level. The medical record in this case describes a plan to wean oxycontin but no specific plan for weaning of the Percocet. The original UR request is listed as Percocet 10/325 mg qid #120. The UR decision modified this request to Percocet 10/325 mg qid #120, for the purpose of tapering total opioids to at or below 120 MED by decreasing dosage by 10 % every 4 weeks. The medical record indicates a clear and well defined plan for overall tapering of opioid therapy and the dispensed number of oxycontin during the time covered by this UR reflected this tapering plan. The original UR review appears to have only modified the request to add the caveat of "for the purpose of tapering total opioids" and approved the same #120 listed in the original request. Because there is clear demonstration of a weaning plan, Percocet 10/325 mg qid #120, is medically appropriate for the requested time frame.