MAXIMUS Federal Services

Case Number:	CM15-0008397		
Date Assigned:	01/26/2015	Date of Injury:	07/14/2007
Decision Date:	03/25/2015	UR Denial Date:	12/13/2014
Priority:	Standard	Application Received:	01/14/2015

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: Texas, 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 61 year old male, who sustained an industrial injury on July 14, 2007. He has reported injury to his right knee. The diagnoses have included chronic right knee regional arthralgia, recurrent myofascial strain and neuropathic pain. Treatment to date has included medications and physical therapy.Currently, the injured worker complains of chronic back pain. His pain is increased with standing, walking, sitting, bending, twisting and squatting. He uses a cane for ambulation. He continues to benefit from his medications. The patient sustained the injury when he hit his leg with pallet.Per the doctor's note dated 10/09/14 patient had complaints of chronic low back pain. Physical examination of the low back revealed tenderness on palpation, limited range of motion and muscle spasmHe has had a urine drug toxicology report on 6/18/14 that was positive for oxycodone and Oxymorphone. The medication list includes Simvastatin, Metoprolol, Percocet, Lodine patch and Aspirin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 7.5/325mg, #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: CRITERIA FOR USE OF OPIOIDSTherapeutic Trial of Opioids Page(s).

Decision rationale: Request: Percocet 7.5/325mg, #90 with 1 refillPercocet contains acetaminophen and oxycodone which is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals."The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs."The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided.As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided.With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Percocet 7.5/325mg, #90 with 1 refill is not established for this patient.