

Case Number:	CM15-0132412		
Date Assigned:	07/20/2015	Date of Injury:	09/19/2011
Decision Date:	08/14/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/08/2015

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: 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 49 year old male who sustained an industrial injury on 09/19/11. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies are not addressed. Current complaints mid back pain which radiates to his bilateral lower extremities. Current diagnoses include scoliosis, chronic pain syndrome, and thoracic degenerative disk disease. In a progress note dated 05/28/15 the treating provider reports the plan of care as a MRI of the cervical, thoracic, and lumbar spine, acupuncture treatments, as well as medications including gabapentin, and cyclobenzaprine, and a 2 week TENS trial. The requested treatment includes Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/Acetaminophen (Percocet), Criteria for use of opioids.

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

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 along with muscle relaxants for an unknown length of time. Pain scores reduced to 7/10 with TENS. There was no mention of reduction due to Opioids. There was no mention of Tylenol failure and the claimant-required acupuncture to improve symptoms. The use of Percocet was not justified and is not medically necessary.