

Case Number:	CM15-0135293		
Date Assigned:	07/23/2015	Date of Injury:	07/18/2011
Decision Date:	08/19/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/13/2015

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 48 year old male, who sustained an industrial injury on July 18, 2011. Treatment to date has included MRI of the right knee, home exercise and medications. Currently, the injured worker complains of persistent low back pain with radiation of pain to the bilateral lower extremities. He reports that the pain is constant and varies in intensity with activity. He reports that he stretches daily and his walking is limited due to right knee pain. He reports that his medications provide some pain relief. The diagnoses associated with the request include lumbar spine degenerative disc disease with facet arthropathy, maralgia paresthetica, bilateral sacroilitis, right rib contusion, myofascial spasms and lumbar stenosis and radiculopathy. The treatment plan includes discontinuation of Norco, discontinuation of Tizanidine, Percocet, Diclofenac and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 75-78.

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 Norco for several months without significant documentation of pain score response. No one opioid is superior to another. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The use of Percocet is not medically necessary.