

Case Number:	CM15-0148466		
Date Assigned:	08/11/2015	Date of Injury:	04/03/2004
Decision Date:	09/09/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 53-year-old male who sustained an industrial injury on 04-03-2004. Diagnoses include sciatica. Treatment to date has included medications, physical therapy and epidural steroid injections. According to the progress notes dated 7-10-2015, the IW reported lower back pain that was increasing. The radicular pain down each leg was rated 9 out of 10. He was taking Percocet 5 daily and wanted to increase it. Physical therapy had not helped, but previous epidural steroid injections had. On examination, he was in no distress. Lungs were clear; heart rate was regular rate and rhythm. A request was made for Percocet #150 between 7-13-2015 and 9-13-2015 and Percocet #150 between 8-12-2015 and 9-13-2015 due to increased pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet #150 between 7/13/2015 and 9/13/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to discontinue/continue opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in April 2004 and continues to be treated for radiating back pain. When seen, he was having increased symptoms. Pain was rated at 9/10. He was taking Percocet five times per day and wanted to increase the dose. Physical examination findings included a BMI of over 32. His Percocet was continued for two months at the same dose. The total MED (morphine equivalent dose) was 75 mg per day. Percocet (Oxycodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life with the claimant reporting ongoing severe pain. Continued prescribing at this dose was not medically necessary.

Percocet #150 between 8/12/2015 and 9/13/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to discontinue/continue opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in April 2004 and continues to be treated for radiating back pain. When seen, he was having increased symptoms. Pain was rated at 9/10. He was taking Percocet five times per day and wanted to increase the dose. Physical examination findings included a BMI of over 32. His Percocet was continued for two months at the same dose. The total MED (morphine equivalent dose) was 75 mg per day. Percocet (Oxycodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life with the claimant reporting ongoing severe pain. Continued prescribing at this dose was not medically necessary.