

Case Number:	CM15-0167678		
Date Assigned:	09/08/2015	Date of Injury:	07/03/2013
Decision Date:	10/07/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/26/2015

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: California, North Carolina
 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 26 year old female, who sustained an industrial injury on 7-03-2013. She reported a popping sensation in her right hip while pushing a pallet with her right foot. The injured worker was diagnosed as having lumbar strain-sprain. Treatment to date has included diagnostics, epidural steroid injections, physical therapy, and medications. A progress report (10-13-2014) noted that her social history included smoking and drinking. Many documents within the submitted medical records were handwritten and difficult to decipher. Urine toxicology (1-12-2015) was inconsistent with prescribed medications. The use of Percocet was noted since at least 2-2015. Currently, the injured worker complains of constant low back pain with radiation to the lower extremities, left greater than right. Pain was not rated and work status was not specified. The treatment plan included the continued use of Percocet. Urine toxicology (collected 6-22-2015) was negative for Oxycodone, not explained in the subsequent progress report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: CA MTUS Guidelines state that Percocet is a short-acting opioid indicated for intermittent or break-through pain. It is indicated for moderate to severe pain. It is not indicated for long-term use. In this case, the request does not indicate the recommended frequency of the medication. There is no documentation of the efficacy of the Percocet. A urine drug screen performed 6/22/2015 was negative for Oxycodone, which was not explained in the documents submitted, thus raising issues with compliance. The physical examination findings are not of significant severity to warrant ongoing opioid usage. Therefore, the request is not medically necessary or appropriate.