

Case Number:	CM15-0193370		
Date Assigned:	10/07/2015	Date of Injury:	03/18/2010
Decision Date:	11/13/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/01/2015

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 59 year old male who sustained an industrial injury on 03-18-2010. According to a progress report dated 07-24-2015, the injured worker reported pain in his cervical thoracic, lumbar and sacral spine, numbness and tingling left greater than right legs, right posterior knee and bilateral feet. He also reported headache. Medications included Percocet 10- 325 mg 7-8 per day. He was currently working. Oswestry was 66% low back, 66% upper extremity and 68% neck pain. Impression was noted as weight loss, acute chronic cervical pain, acute chronic carpal tunnel left greater than right, persistent left knee pain, secondary back pain and left hip pain, acute increasing right knee pain, acute chronic lumbar pain and strain, MRI in 2011 baseline degenerative disc disease and depression. Medications were renewed and included Percocet 10-325 mg #240, Lidoderm patch and Ambien. The provider noted "maximum lumbar 6" on a scale of 1-10, "4" on a scale of 1-10 relief. Condition was noted as improved and hemodynamically stable. Follow up was indicated in 4 to 6 weeks. Authorization requests dated 02-21-2015, 03-21-2015, 05-30-2015, 06-26-2015, 07-10-2015, 08-21-2015, 09-01-2015, 09-23-2015 with the request for Percocet 10-325 mg #240 were submitted for review. Documentation shows use of Percocet dating back to February 2015. Urine toxicology reports were not submitted for review. On 09-30-2015, Utilization Review modified the request for Percocet 10-325 mg #240.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications, Opioids for neuropathic pain.

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

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 for several months. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. There was mention of tapering several months prior but was not continued. The continued and chronic use of Percocet is not medically necessary.