

Case Number:	CM15-0195570		
Date Assigned:	10/09/2015	Date of Injury:	08/08/2000
Decision Date:	11/19/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/05/2015

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 is a 60 year old female, who sustained an industrial injury on August 8, 2000. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having cervical spine strain, thoracic spine strain, lumbar spine disc rupture, right carpal tunnel syndrome and status post left carpal tunnel. Treatment to date has included medication. On September 1, 2015, the injured worker stated that her low back pain had worsened within the last year. She reported difficulty with taking showers, walking and sitting. She now uses her walker and cane more frequently and stated that the pain was "intolerable." Notes stated that she has constant bilateral lower extremity radicular symptoms. A handwritten progress report dated September 3, 2015 was mostly illegible. Her pain was noted to be a 10 on a 1-10 pain scale on a bad day. The treatment plan included medications. On September 23, 2015, utilization review denied a request for Percocet 10-325mg #120 for 30 day supply med 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet tab 10-325mg #120, 30 day supply med 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification). Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury occurring in August 2000 and continues to be treated for chronic pain throughout the spine and bilateral hands and wrists. In March 2015 pain was rated at 9/10. She was taking Norco. Percocet was prescribed. In July 2015 she had taken Percocet and Soma earlier that day. She had a pain level of 8/10. When seen, she had pain ranging from 6-10/10. Physical examination is documented as unchanged. She had worsening back pain over the previous year and was having difficulty with activities of daily living. She was using a cane and walker more frequently. She had intolerable pain. She was having constant bilateral lower extremity radicular symptoms. Medications were continued including Percocet at the same dose. Percocet (oxycodone/acetaminophen) is a short acting combination opioid 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 currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.