

Case Number:	CM15-0196038		
Date Assigned:	10/09/2015	Date of Injury:	05/24/2010
Decision Date:	11/18/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/06/2015

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 31 year old male, who sustained an industrial injury on 5-24-2010. The injured worker is undergoing treatment for lumbar strain and disc protrusion Medical records dated 8-19-2015 indicate the injured worker complains of back pain rated 6-7 out of 10 and 2 out of 10 with medication. Pain is unchanged from 6-24-2015 exam. Physical exam dated 8-19-2015 notes normal gait, lumbar tenderness to palpation, decreased range of motion (ROM) and positive straight leg raise on the right. Treatment to date has included surgery, urine drug screen, Percocet since at least 1-2015, Celexa and home exercise program (HEP). The original utilization review dated 9-2-2015 indicates the request for Percocet 10-325mg #60 is non-certified.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, 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 over 6 months. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued and chronic use of Percocet is not medically necessary.