

Case Number:	CM15-0197997		
Date Assigned:	10/13/2015	Date of Injury:	11/03/2011
Decision Date:	11/20/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/08/2015

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 57 year old male injured worker suffered an industrial injury on 11-3-2011. The diagnoses included low back pain, lumbar radicular pain, myofascial pain, neck pain, cervical spine stenosis, chronic pain syndrome and lumbar degenerative disc disease. On 8-20-2015 the provider noted he was taking Norco for moderate to severe pain and enabled the injured worker to be more active and complete the activities of daily living. He was able to be more social with medication. The pain was rated was 5 out of 10. On 9-17-2015 the treating provider reported neck and back pain. The pain was rated 5 out of 10 without medication and 4 out of 10 with medications but the Norco had been denied and the injured worker had been without medication for 1 month. On exam there was tenderness over the cervical muscles and facet joints with reduced range of motion. The provider noted the Norco was only providing 20% pain reduction and had a lot of residual pain. Percocet was then prescribed. The provider noted there was no aberrant drug behavior and had an opioid contract in place. Prior treatment included 2 sessions of physical therapy for instruction in home exercise program and Norco. Diagnostics included 5-15-2015, 6-23-2015 consistent urine drug screens. The Utilization Review on 9-29-2015 determined non-certification for Percocet 10/325 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic 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 Norco over the past 2 years. There was no mention of Tylenol, Tricyclic, NSAID or weaning failure. The continued use of short acting opioids including Percocet is not medically necessary.