

Case Number:	CM15-0198017		
Date Assigned:	10/13/2015	Date of Injury:	05/15/1996
Decision Date:	11/24/2015	UR Denial Date:	10/08/2015
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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 57 year old male, who sustained an industrial injury on 5-15-96. The documentation on 9-28-15 noted that the injured worker presented with back pain, low back pain and lumbar complaints. The injured worker is experiencing back stiffness and pain and is described as aching, burning, stabbing, throbbing and shooting. The documentation n noted that the severity of the condition is an 8 on a scale of 1 to 10 with 10 being the worst. The back pain is located in the lumbar area, upper back, lower back right leg and left leg. The diagnoses have included lumbalgia thought to be discogenic, myofascial and facet-mediated; status post right knee arthroscopic surgery for anterior cruciate ligament laxity with allograft tendon repair. Treatment to date has included voltaren gel; clonazepam; percocet; abilify; omeprazole; lunesta; skelaxin; prestiq; naproxen; fentanyl; gabapentin; right knee arthroscopic surgery; right status post release carl tunnel on 3-10-98; left status post release carpal tunnel on 9-28-98 and total knee repair. The original utilization review (10-8-15) modified the request for percocet 10-325mg #240 to #135.

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): Opioids, criteria for use, Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids.

Decision rationale: Percocet (oxycodone with acetaminophen) is a short-acting opioid. Chronic pain guidelines and ODG do not recommend opioids except for short use for severe cases, not to exceed 2 weeks and routine long-term opioid therapy is not recommended, and ODG recommends consideration of a one-month limit on opioids for new chronic non-malignant pain patients in most cases, as there is little research to support use. The research available does not support overall general effectiveness and indicates numerous adverse effects with long-term use. The latter includes the risk of ongoing psychological dependence with difficulty weaning. Medical documents indicate that the patient has been on Percocet for several months, in excess of the recommended 2-week limit. Additionally, indications for when opioids should be discontinued include "If there is no overall improvement in function, unless there are extenuating circumstances." Medical records indicate that the overall pain level has remained 8 or 9/10 throughout the course of this medication regimen and there is lack of documentation of overall improvement in function, the treating physician provides no extenuating indications for continuation of this opioid. As such, the request for Percocet 10/325MG #240 is not medically necessary.