

Case Number:	CM15-0201802		
Date Assigned:	10/16/2015	Date of Injury:	06/04/2003
Decision Date:	12/01/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/14/2015

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 56 year old female, who sustained an industrial injury on 6-4-2003. The medical records indicate that the injured worker is undergoing treatment for lumbago, myalgia and Myositis (unspecified), thoracic or lumbosacral neuritis or radiculitis, spinal stenosis of the lumbar region, backache, post-lumbar laminectomy syndrome, displacement of lumbar intervertebral disc without myelopathy, and long-term drug therapy. According to the progress report dated 9-17-2015, the injured worker presented with complaints of chronic low back pain with radiation into the left lower extremity, associated with numbness in her bilateral feet, which is intermittent on the right and constant on the left. The treating physician stated that "her left lower extremity radicular pain remains severe". She reports that her medication reduces her pain from 7 out of 10 to 3 out of 10. The physical examination of the lumbar spine did not reveal any significant findings. The current medications are Alprazolam, Percocet, and Hydrocodone. The treating physician states that "she was in severe pain last month and her Percocet was re-instated". Previous diagnostic studies were not indicated. Treatments to date include medication management, home exercise program, and surgical intervention. Work status is described as "unchanged". The original utilization review (10-2-2015) had non-certified a request for Percocet 10-325mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10mg-325mg quantity 45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Percocet (oxycodone/acetaminophen), California Pain Medical Treatment Guidelines state that Percocet is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the percocet specifically is improving the patient's function (in terms of specific examples of objective functional improvement). As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Percocet 10mg-325mg quantity 45 is not medically necessary.