

Case Number:	CM15-0205937		
Date Assigned:	10/23/2015	Date of Injury:	10/08/2004
Decision Date:	12/04/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/20/2015

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 63 year old female who sustained an industrial injury on 10-8-04. A review of the medical records indicates that the worker is undergoing treatment for L4-L5 and L5-S1 degenerative disc bulges. Subjective complaints (10-1-15) include pain without opiates is rated at 8 out of 10 and with opiates pain is rated 4 out of 10. Objective findings (10-1-15) include lumbar flexion of 90 degrees, extension 10 degrees, caused back pain, and lower extremity neurological exam is normal. It is noted that the worker has been on Percocet 10-325mg 4 times a day for years and it has provided her significant back pain relief and has allowed her to be independent with activities of daily living in her home. Work status is noted as retired. Previous treatment includes bilateral L5 transforaminal epidural injections 9-4-15 (with reported 50% reduction in pain), Duragesic, Celebrex, and Voltaren gel. The discussion is noted as Celebrex 200mg, Voltaren gel 1%, ongoing use of Percocet 10-325mg 4 times a day and a urine toxicology screening every 3 months. The requested treatment of Percocet 10-325mg was non-certified on 10-9-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg: Upheld

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

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 Percocet for over a year along with Duragesics and NSAIDS. There was a recent increase in pain. Failure of tricyclic or weaning was no noted. Continued use is not medically necessary.