

Case Number:	CM15-0020444		
Date Assigned:	02/10/2015	Date of Injury:	02/05/2000
Decision Date:	03/30/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/03/2015

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

Certification(s)/Specialty: Internal 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 33 year old male who sustained an industrial injury on 02/05/2000. Current diagnoses include status post L4-5 lumbar fusion with failed back syndrome, advanced degeneration at L3-L4 and L5-S1, bilateral lumbar radiculitis, L5-S1 lumbar facet syndrome, and status post percutaneous trial implantation of the spinal cord stimulator system. Previous treatments included medication management, lumbar fusion, trial of spinal cord stimulator, physical therapy, and chiropractic treatments. Report dated 12/11/2014 noted that the injured worker presented with complaints that included low back pain with radiculopathy. Physical examination was positive for abnormal findings. Utilization review performed on 01/05/2015 non-certified a prescription for Percocet, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 MG #140: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96. Oxycodone/Acetaminophen (Percocet) Page 92.. Decision based on Non-MTUS Citation FDA Prescribing Information Percocet <http://www.drugs.com/pro/percocet.html>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Percocet should be administered every 4 to 6 hours as needed for pain. For more severe pain the dose (based on Oxycodone) is 10-30mg every 4 to 6 hours prn pain. FDA guidelines document that Percocet is indicated for the relief of moderate to moderately severe pain. The pain management evaluation report dated December 11, 2014 documented that the patient continues to suffer from chronic intractable low back pain with radiculopathy. The patient is status post failed back syndrome with previous history of lumbar fusion. The patient had a trial of spinal cord stimulator, which in fact was very helpful in helping him with pain and improving his overall function. The patient is interested in considering permanent implantation. He states that Percocet 10/325 has been very helpful. Diagnoses were status post L4-5 lumbar fusion with failed back syndrome, advanced degeneration at L3-4 and L5-S1 above and below the level of fusion, bilateral lumbar radiculitis, L5-S1 lumbar facet syndrome, and status post percutaneous trial implantation of the spinal cord stimulator system. The patient is status post failed back syndrome and previously had a good response to a trial of his spinal cord stimulator. He has been recommended for a permanent implantation of spinal cord stimulator performing with laminectomy approach versus conventional percutaneous. The patient will consider spinal cord stimulator implantation. Medical records document objective evidence of pathology. Medical records document objective physical examination findings. Analgesia was documented. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Percocet is indicated for pain. Per FDA, Percocet is indicated for the relief of moderate to moderately severe pain. The medical records provide support for the use of Percocet. The request for Percocet 10/325 mg is supported by the medical records and MTUS and FDA guidelines. Therefore, the request for Percocet 10/325 mg is medically necessary.