

Case Number:	CM15-0212761		
Date Assigned:	11/02/2015	Date of Injury:	12/04/2013
Decision Date:	12/16/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/29/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 40 year old female, who sustained an industrial injury on 12-4-2013. Medical records indicate the worker is undergoing treatment for cervical 5-6 disc protrusion and cervicalgia. The most recent progress report that addressed cervical pain was dated 7-14-2015, reported the injured worker complained of neck pain rated 10 out of 10. Physical examination revealed limited cervical range of motion of 50 % and diminished sensation over the cervical 5-8 dermatome of the bilateral upper extremities. Treatment to date has included epidural steroid injection, physical therapy and Percocet (unsure of time length of use). The physician is requesting Percocet 10-325 mg #100. On 10-20-2015, the Utilization Review non-certified the request for Percocet 10-325 mg #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #100: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

Decision rationale: Percocet (oxycodone with acetaminophen) is a short-acting opioid. Chronic pain guidelines and ODG do not recommend opioid "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". Based on the medical documentation provided the patient previously had percocet and got pain relief. The treating physician documents CURES and no aberrant behavior. As such, the request for Percocet 10/325mg #100 is medically necessary.