

Case Number:	CM15-0220173		
Date Assigned:	11/13/2015	Date of Injury:	11/29/2010
Decision Date:	12/31/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/10/2015

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, North Carolina

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 59 year old male with a date of injury on 11-29-2010. The injured worker is undergoing treatment for low back pain, spinal stenosis-lumbar region, and radiculopathy of the lumbar region. Comorbid diagnoses include coronary artery disease, hyperlipidemia and post-operative atrial fibrillation. A physician note dated 09-03-2015 documents the injured worker's pain is the same and he does have occasional flares. He occasionally alternates Norco with Percocet, and takes Soma up to 3 times a day when necessary. He uses Ambien nightly for sleep. A physician progress note dated 10-21-2015 documents the injured worker complains of constant low back pain with right pelvic pain that is associated with intermittent muscle spasms and pain radiates to the right buttock with walking, standing, bending or twisting. He rates his pain as 7 out of 10 with medication and 8 out of 10 without medications. Surgery is recommended. He is working. Treatment to date has included diagnostic studies, medications, and lumbar epidural steroid injections. Current medications include Percocet (since at least 03-16-2015), Ambien, Norco, Valium, Metoprolol Succinate ER, Vitamin D, Lipitor, Soma, ASA and Nitroglycerin. A urine drug screen was done on 09-03-2015 and was compliant. A lumbar Magnetic Resonance Imaging done on 03-25-2015 revealed chronic compression fractures at T12 and L4, multilevel degenerative changes, moderate to severe multifactorial canal stenosis at L2-3, moderate canal stenosis at L3-4, mild canal narrowing at L1-L2 and L4-L5, and multilevel foraminal stenosis. The Request for Authorization 10-23-2015 includes Percocet 10/325mg #75. On 10-30-2015, Utilization Review modified the request for 1 prescription of Percocet 10/325mg #75 with 1 refill to Percocet 10/325mg #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Percocet 10/325mg #75 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The request is for Percocet, a combination of oxycodone and acetaminophen approved for management of moderate to severe pain. The claimant's date of injury was over 5 years ago and he complains of chronic back pain. Oxycodone is an opioid indicated for short-term use, unless there is documentation of quantitative subjective improvement as well as objectively measured functional improvement to continue opioid therapy. In this case, there is a lack of documentation of objective functional improvement. Therefore, discontinuance of Percocet is warranted as it is not medically necessary.