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| Case Number: | CM15-0031874 | | |
| Date Assigned: | 02/25/2015 | Date of Injury: | 10/05/2005 |
| Decision Date: | 04/06/2015 | UR Denial Date: | 01/22/2015 |
| Priority: | Standard | Application Received: | 02/20/2015 |

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: California, Indiana, New York
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 57 year old male who sustained an industrial injury on 10/5/05. The injured worker reported symptoms in the right lower extremity. The diagnoses included low back pain with radiating symptoms to thighs, bilateral knee pain, history of bilateral arthroscopic knee surgery, bilateral carpal tunnel syndrome, and neck pain status post cervical operative fixation. Treatments to date include oral pain medications, nonsteroidal anti-inflammatory drugs, activity modification, and durable medical equipment including a single point cane. In a progress note dated 1/6/15 the treating provider reports the injured worker was with "tenderness just inferior to the patella ambulating with an antalgic gait with decreased stance phase noted on the right lower extremity." On 1/22/15 Utilization Review non-certified the request for Percocet 5/325 milligrams (10 tabs). The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg (10 tabs): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Opioid Classifications: Short-acting/Long-acting opioids; Opioids, criteria for use; Opioids, long-term assessment; Percocet (oxycodone & acetaminophen). Decision based on

Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Opioids; Pain (Chronic), Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 5/325 mg #10 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are low back pain with radiating symptoms to both thighs; L5 - S1 anterior discectomy and fusion on October 22, 2008; bilateral knee pain status post history bilateral arthroscopic knee surgery; bilateral carpal tunnel syndrome; neck pain, status post cervical operative fixation July 2012; tingling and twitching in the right arm; and dizziness and lightheadedness. The documentation shows the injured worker was taking Norco as far back as July 2014. Norco was continued through November 2014. There was no December 2014 progress note. In January 2015 Percocet was already prescribed for breakthrough pain. Percocet was renewed February 25, 2015. The documentation from 2014 did not contain evidence of objective functional improvement as it relates to Norco. Since starting Percocet, there was no objective functional improvement associated with ongoing Percocet use. There were no risk assessments in the medical record. There were no detailed pain assessments in the medical record. Consequently, absent compelling clinical documentation with objective functional improvement of Norco and, subsequently, Percocet, Percocet 5/325 mg #10 is not medically necessary.