

Case Number:	CM15-0033959		
Date Assigned:	02/27/2015	Date of Injury:	02/12/2003
Decision Date:	04/13/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/23/2015

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: Physical Medicine & Rehabilitation

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 reported an injury on 02/02/2003. The mechanism of injury was not specified. His diagnoses include chronic and persistent low back pain, status post L4-S1 interbody fusion, ninth rib fracture, hypertension, headaches, bilateral carpal tunnel syndrome, and severe depression. His relevant medications were noted to include Kadian 20 mg, Percocet 10/325 mg, Lyrica 150 mg, omeprazole 20 mg, Laxacin, and Dendracin lotion. On 01/08/2015, the injured worker complained of symptomatic low back pain as well as neuropathic pain in the bilateral lower extremities. The injured worker also complained of hot electrical burning pain radiating into the left lower extremity. His previous treatments were noted to include Functional Restoration Program, medications, aquatic therapy, physical therapy, and psychological treatment. The injured worker rated his pain at a 5/10 with medications and 10/10 without medications. The injured worker was currently utilizing Kadian for baseline pain relief and Percocet for moderate to severe breakthrough pain. The documentation also indicated the injured worker rated his improvement in pain and improvement in function a 50% with a quality of life as well. The medication was also noted to provide the injured worker with ability to participate in activities of daily living such as delayed exercise program, performing household chores, cooking, light housekeeping, and shopping. The medication has allowed him to participate in these at activities for at least 20 to 25 minutes at a time. The documentation also noted there was no evidence of drug seeking behavior and the injured worker was noted to stay within the prescription guidelines without any intolerable side effects. An opioid agreement

remains signed and it was indicated to be compliant with the injured worker. A urine drug screen showed evidence of compliance with prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg, sixty count with no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, ongoing monitoring of chronic pain patients on opioids include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The injured worker was indicated to have complied with all guideline criteria to include documentation of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or non-adherent drug related behaviors. The documentation also noted the injured worker had improvement in pain and function of at least 50% noting 20% to 25% timeframes for participation in activities of daily living. The urine drug screen performed on 12/04/2014 also indicated the injured worker was compliant with medications, was noted to be positive for morphine, oxycodone, noroxycodone, oxymorphone, and acetaminophen. However, there was lack of documentation in regards to medication reduction or a weaning schedule as the injured worker was noted to have been on Percocet for unspecified duration of time from his date of injury of 2003. A weaning schedule is recommended for implementation due to long-term use of Percocet. Based on the above, the request is not supported by the evidence-based guidelines. As such, the request for Percocet is not medically necessary or appropriate.