

Case Number:	CM15-0039989		
Date Assigned:	03/10/2015	Date of Injury:	04/10/2012
Decision Date:	04/16/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/03/2015

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: Arizona, California
 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 40 year old male who sustained an industrial injury on 04/10/12. Initial diagnoses and complaints are not available. Treatments to date include medication, chiropractic treatments, lumbar surgery, and physical therapy. Diagnostic studies are not discussed. Current complaints including increasing pain and numbness that radiates down his left leg to his calf. He wears a thoracolumbosacral orthosis brace and ambulates with a single point cane. In a progress note dated 01/09/15 the treating provider reports the plan of care as gabapentin and Percocet, mesh back support, follow-up with pain psychologist and podiatry, and pain management follow-up. Also discussed were chiropractic treatment and post-operative x-rays. The requested treatment is Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg, 45 count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long-term use has not been supported by any trials. In this case, the claimant had been on Percocet for over 6 months, Pain level was 3/10 while on medication. The physician mentioned that the claimant did not improve with Tylenol and did not tolerate Tramadol. The claimant's dose has been reduced vs 8/2014. Although, prolonged use of opioids is not generally recommended, the claimant had good benefit while on Percocet with reduced dose from previously. Other medications did not benefit. As a result, the Percocet as prescribed above is appropriate and medically necessary.