

Case Number:	CM15-0040818		
Date Assigned:	03/11/2015	Date of Injury:	02/15/1992
Decision Date:	04/15/2015	UR Denial Date:	02/13/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 73-year-old male sustained a work related injury on 02/15/1992. According to a progress report dated 02/05/2015, the injured worker presented for follow-up of neck and lower back pain. He was status post cervical fusion at C5-C6. He had decreased down from 6 Percocet a day to 1 due to the excellent benefit from cervical radio frequency ablation that was done on 11/04/2014. Since then, he has been experiencing a dramatic increase in his neck pain and notes no benefit from the radio frequency ablation now. Neck pain was rated 6 on a scale of 1-10. He was most bothered by radicular symptoms that occur in his left upper extremity. He had difficulty with gripping activities and he continued to drop things. Without Percocet, the injured worker reported that he would not be able to bend over and tie his shoes or even be able to get out of bed. Diagnoses included syndrome postlaminectomy lumbar and syndrome postlaminectomy cervical. Treatment plan included increasing Percocet to 5-325mg three tablets per day as needed for pain quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Percocet 5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Percocet (oxycodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the provider notes improved pain and function with use of the medication, but that is in conflict with the documentation identifying that the patient was taking one per day prn recently and the current request which appears to be for three per day. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of clarity regarding the above issues, the currently requested Percocet (oxycodone/acetaminophen) is not medically necessary.