

Case Number:	CM15-0045531		
Date Assigned:	03/17/2015	Date of Injury:	10/12/2009
Decision Date:	04/17/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/10/2015

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: 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 30 year old male who sustained an industrial injury on 10/12/09. The injured worker reported symptoms in the back. The injured worker was diagnosed as having degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis unspecified, lumbar post-laminectomy syndrome, sacroilitis not elsewhere classified, chronic pain syndrome, myalgia and myositis unspecified. Treatments to date have included oral pain medication, muscle relaxants, heat, ice, rest, and stretching. Currently, the injured worker complains of pain in the back. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #90, 3 refills: Upheld

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

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. There was no indication of attempt to weaning Percocet or failure of Tylenol use for breakthrough pain. Long-term use is not indicated. In addition advanced request for 3 month refills without monthly monitoring is not recommended. The continued use of Percocet is not medically necessary.

Oxycontin 20mg #60, 3 refills: Upheld

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

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

Decision rationale: According to the MTUS guidelines, opioids are not indicated as 1st line therapy for neuropathic pain, and chronic back pain. They are not indicated for mechanical or compressive etiologies. Long Term-use has not been supported by any trials. In this case, the claimant had been on Percocet in combination with Oxycontin for over 6 months. The claimant's baseline pain without medication was 6/10, which was the pain level with medications 6 months prior. Weaning Oxycontin and trial of non-opioid analgesics are warranted. In addition, advanced request for 3 month refills without monthly monitoring is not recommended. Continued use of Oxycontin is not medically necessary.