

Case Number:	CM15-0052249		
Date Assigned:	03/25/2015	Date of Injury:	09/08/2012
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/19/2015

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: Massachusetts

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:

The injured worker is a 52 year old male who sustained a work related injury on September 8, 2012, incurring low back injuries. He was diagnosed with lumbar disc disease. Magnetic Resonance Imaging (MRI) revealed a large herniated lumbar disc. Treatment included a lumbar discectomy, epidural steroid injections, anti-inflammatory drugs and pain medications. Currently, the injured worker complained of ongoing low back pain with lower extremity radiating symptoms down to the foot. The treatment plan that was requested for authorization included a prescription for Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92, 76-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in September 2012 and continues to be treated for chronic radiating low back pain. The treating provider documents Percocet three times per day as decreasing pain from 8/10 to 3/10. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Percocet (oxycodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. There is good pain control. The total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Percocet is medically necessary.