MAXIMUS Federal Services

Case Number:	CM15-0083038		
Date Assigned:	05/05/2015	Date of Injury:	01/12/2006
Decision Date:	06/04/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	04/30/2015

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:

The injured worker is a 61 year old female who sustained an industrial injury on 1/12/06. The injured worker was diagnosed as having left groin pain, low back pain, left shoulder pain, jaw pain secondary to paroxysm, left knee pain and chronic neck pain and left upper extremity pain. Currently, the injured worker reported complaints of lower back pain. Previous treatments included oral pain medication, physical therapy, home exercise program and massage therapy. Magnetic resonance imaging of the cervical spine noted anterolisthesis at C4-C5 retrolisthesis at C5-C6, disk/osteophyte ridge at C5-C6 with mild spinal stenosis, and left moderate foraminal stenosis. Magnetic resonance imaging of the left knee revealed tricompartmental chondromalacia, medial meniscus tear and degenerative changes. The injured workers pain rating was not documented. Physical examination performed 4/15/15 noted "tenderness to lumbar paraspinal muscle with active spasm and decreased range of motion in all planes". In a progress note dated 4/15/15 the provider noted the injured worker had "2 inconsistent urine drug screens on 9/26/14 and 2/4/15". The plan of care was for oral medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Medication Page(s): 75-80.

Decision rationale: Regarding the request for Percocet (oxycodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Percocet 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, a progress note on 2/10/15 indicated that the patient has not been taking Percocet as she has had reduction in pain and improvement in function from recent physical therapy sessions. There is no documentation that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). Furthermore, the patient has had 2 negative urine drug screens and the provider planned to stop Percocet due to inconsistent usage. 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 light of the above issues, the currently requested Percocet (oxycodone/acetaminophen) is not medically necessary.