

Case Number:	CM15-0089403		
Date Assigned:	05/13/2015	Date of Injury:	02/12/2003
Decision Date:	06/16/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/08/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 46-year-old male who sustained an industrial injury on 02/12/2003. Current diagnoses include left back pain with left radicular symptoms, left shoulder girdle decompression with myofascial pain, and left knee pain with chondromalacia patella with degenerative joint disease. Previous treatments included medication management, home exercises, lumbar surgery, and left shoulder surgery. Report dated 03/19/2015 noted that the injured worker presented with complaints that included severe pain, radiating into his back and right leg with heavy numbing and burning sensation, and left shoulder and knee pain. Pain level was 9 out of 10, at best 4 out of 10 with medications, 10 out of 10 without medications, and 6 out of 10 (left shoulder and knee) on a visual analog scale (VAS). Medications reduce pain by 50%, and increases functionality by 50%. Physical examination was positive for limited back range of motion, straight leg raises are positive, sensory loss, weakness, absent left Achilles reflex, and left shoulder has limited range of motion with positive impingement sign and crepitus. The treatment plan included refilling Percocet, ibuprofen, Zanaflex, resume medication course, which keeps him functional, he is under a narcotic contract, urine drug screens have been appropriate, pain management specialist is recommending an epidural injection, and follow up in 4 weeks. Disputed treatments include 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 #90: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids.

Decision rationale: Percocet (oxycodone with acetaminophen) is a short-acting opioid. Chronic pain guidelines and ODG do not recommend opioid "except for short use for severe cases, not to exceed 2 weeks" and "Routine long-term opioid therapy is not recommended, and ODG recommends consideration of a one-month limit on opioids for new chronic non-malignant pain patients in most cases, as there is little research to support use. The research available does not support overall general effectiveness and indicates numerous adverse effects with long-term use. The latter includes the risk of ongoing psychological dependence with difficulty weaning." Medical documents indicate that the patient has been on Percocet in excess of the recommended 2-week limit. Additionally, indications for when opioids should be discontinued include "If there is no overall improvement in function, unless there are extenuating circumstances." Medical records indicate that the patient's overall pain level has decreased from 9/10 without medications to 4/10 with medications. On 3/19/2015, the patient reports 50% functional improvement with activities of daily living with medications versus not taking them at all. As such, the request for Percocet 10/325 mg #90 is medically necessary.