

Case Number:	CM14-0127457		
Date Assigned:	08/15/2014	Date of Injury:	01/29/2012
Decision Date:	10/21/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/12/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Nephrology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 32-year-old male with a date of injury of 1/29/12. The mechanism of injury occurred when he slipped and fell and sustained an injury to the lower back. An RFA dated 7/9/14, stated Percocet 10/325mg #180 requested and a notation "do not dispense (DND) until 7/19/14". There was a notation on the RFA form that the quantities dispensed are for a 2 month supply. On 6/19/14 he complained of persistent leg pain. He does not have an exercise program. He stated his Percocet brings the pain down from 8-9/10 to 5-6/10. On exam he is morbidly obese. He had tenderness to his lumbar spine and had decreased range of motion in all planes of the waist. The diagnostic impression is displacement of lumbar Intervertebral disc. Treatment to date: MRI bilateral hip 11/15/12, physical therapy, chiropractic therapy, epidural injection, medication management. A Utilization Review (UR) decision dated 7/16/14 denied the request for Percocet 10/325mg. The request was denied because it appears that this Percocet 10/325mg is a duplicate request. According to the physician's report of 6/19/14, the patient was prescribed Percocet 10/325mg #180 with a subsequent prescription indicating "do not fill until 7/19/14". As noted, the patient has been allowed for a one-month supply of Percocet 10/325mg #180 on 7/16/14, and this appears to be a duplicate request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet (oxycodone & acetaminophen). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain. Opioids, dosing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of lack of adverse side effects or aberrant behavior. There is no documentation of CURES Report or an opiate pain contract. In addition the UR indicated that Percocet 10/325mg #180 was certified on 7/16/14 and that this appeared to be a duplicate request as shown on RFA dated 7/9/14, stated Percocet 10/325mg #180, "DND (do not dispense) until 7/19/14. In addition, the request has no quantity specified. Therefore, the request for Percocet 10/325mg was not medically necessary.