

Case Number:	CM14-0162739		
Date Assigned:	10/07/2014	Date of Injury:	04/15/2002
Decision Date:	10/31/2014	UR Denial Date:	09/20/2014
Priority:	Standard	Application Received:	10/03/2014

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 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:

Patient is 44-year-old women who sustained an injury on April 15, 2002. Your Servetus's narrative stated the patient reported good benefit from the intake of Percocet, as needed, following lumbar radiofrequency ablation. Recently, the patient noted recurrent intermittent muscle spasms in his lower back throughout the day. The symptoms radiated into his hips bilaterally and down his legs. There was cramping in the back of his calves and shoulder with bilateral arm pain. Objective findings on physical examination included palpable paravertebral tenderness and decreased right L4 dermatome distribution sensory. The remainder of the physical dissemination was unremarkable in normal. The patient's diagnoses were right medial epicondylitis, right cubital tunnel syndrome, right shoulder impingement syndrome, L3-L5 disc degeneration, left greater trochanter bursitis, and degenerative scoliosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Percocet 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet (Oxycodone & Acetaminophen).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods Page(s): 88-96.

Decision rationale: The prescription for Percocet 10/325 mg.,#120 was not medically necessary. Regarding the ongoing use of Percocet for chronic musculoskeletal pain, the evidence-based guidelines do not recommend long-term use of opiates due to their potential adverse unfavorable side effects. Potential side effects include drug dependence, dizziness and sedation. Opiate use may be indicated for prompt pain relief while titrating a first-line drug, for treatment of episodic exacerbations of severe pain, and for treatment of neuropathic pain. The medical record shows Percocet was beneficial during a prior treatment period. The guidelines, however, only recommend the continued use of such analgesics upon the presence of demonstrable quantitative evidence of pain reduction and functional improvement due to the continued use of opiates. There was no documentation in the medical record regarding specific functional improvement despite the previous use of Percocet. Additionally, one of the most severe side effects is opiate dependence during which time the effectiveness of the analgesic, opiate decreases in time. The continued use of Percocet in this patient is consequently not medically beneficial. The provider recommended the intake of Percocet 10/325 one tablet Q6H. This was equivalent to #120 tablets. Based on the clinical information in the medical record and the evidence based, peer reviewed guidelines, Percoet10/325mg., #120 is not medically necessary.