

Case Number:	CM14-0218174		
Date Assigned:	01/07/2015	Date of Injury:	10/14/2014
Decision Date:	03/03/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: New Jersey
 Certification(s)/Specialty: Family Practice

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 27 year old male who suffered an industrial related injury on 10/15/14. A physician's report dated 11/11/14 noted the injured worker had complaints of left buttock and left knee pain. The injured worker was noted to be temporarily totally disabled. A physician's report dated 11/25/14 noted diagnoses of sciatic radiculopathy. The injured worker was prescribed Norco. The physical examination revealed the injured worker walked with a limping gait. No significant palpable tenderness was noted over the left knee. The straight leg raise caused posterior knee pain and some posterior thigh pain. Tenderness in the left gluteal area was noted. Mild discomfort in the lower back region was also noted. The lower extremities appeared to be neurovascularly intact. The injured worker was prescribed Vicodin and Naprosyn. On 12/19/14 the utilization review (UR) physician denied the request for Percocet 5/325mg #90. The UR physician noted the medical necessity for Percocet is not established as it is a short acting opioid and the injured worker was already taking Norco, another short acting opioid. In addition there was no documentation of a current urine drug test, risk assessment profile, attempt at weaning/tapering, and an updated and signed pain contract. Therefore the request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, the provider documented that they thought the worker was using opioids (Norco 10/325 mg) too much and requested Vicodin (5/325 mg) for use occasionally as it was lower dose. However, the request for Percocet 5/325 mg was requested after documentation stating the worker had already been given a prescription for Vicodin. Although this may have been a mistake with documenting, there isn't enough clarity with this request to warrant approval for Percocet. Also, the best way to consider weaning is to provide a longer acting opioid, rather than a lower dose opioid/APAP combination product as the risk for APAP poisoning is higher with the lower doses. Therefore, the Percocet 5/325 mg #90 will be considered not medically necessary.