

Case Number:	CM15-0013502		
Date Assigned:	02/02/2015	Date of Injury:	12/15/2012
Decision Date:	03/24/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/23/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 (IW) is a 32 year old male, who sustained an industrial injury on December 15, 2012. He has reported low back pain with pain radiating to the hip and right thigh and was diagnosed with lumbar disc displacement without myelopathy, lumbar radiculopathy and lumbar sprain/strain. Treatment to date has included radiographic imaging, diagnostic studies, pain medications, steroid injections, conservative therapies and treatment modalities and work duty modifications. Currently, the IW complains of low back pain with pain radiating to the right thigh and hip. The injured worker reported an industrial injury while working at a prison, resulting in pain in the low back, right thigh and right hip exacerbated with prolonged, sitting, walking or activity. He reported a poor experience with a previous injection for pain and did not want any further injections. He was treated with pain medications. On July 22, 2014, evaluation revealed aching, stabbing, throbbing and sore pain in as previously described. Pain medications were adjusted after he reported the current prescription was ineffective. On January 21, 2015, Utilization Review non-certified a request for Percocet 10/325, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 23, 2015, the injured worker submitted an application for IMR for review of requested Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg QTY 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids- Pain treatment agreement Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2) Prescription opiate abuse in chronic pain patients Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 85 of 127.

Decision rationale: No, the request for Percocet, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 85 of the MTUS Chronic Pain Medical Treatment Guidelines, frequent visits to the emergency department are often a marker or hallmark prescription of opioid abuse in chronic pain applicants. The applicant has apparently presented to the emergency department on several occasions in late 2014 and early 2015, to obtain injections of IV or IM Dilaudid. This is suggestive of aberrant behavior. It is further noted that the applicant failed to meet criteria set forth on page 80 of MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant presented in January 2015 reporting heightened complaints of pain, in 8-9/10 range. The attending provider failed to outline the applicant's work status, suggesting that the applicant was not, in fact, working. The attending provider failed to outline any quantifiable decrements in pain and/or material improvements in function effected as a result of ongoing Percocet usage. Therefore, the request was not medically necessary.