

Case Number:	CM15-0013870		
Date Assigned:	02/02/2015	Date of Injury:	10/18/2000
Decision Date:	03/23/2015	UR Denial Date:	01/12/2015
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: California, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 55-year-old male sustained a work-related injury on 10/18/2000. According to the progress notes dated 1/6/2015, the injured worker's (IW) diagnoses are lumbar facet arthropathy and lumbar discogenic spine pain. He reports continued low back pain which radiates down the lower extremities. Previous treatment includes medications, local heat and stretching. The treating provider requests Percocet 5-325mg #120. The Utilization Review on 1/12/2015 non-certified Percocet 5-325mg #120. California MTUS Chronic Pain Medical Treatment guidelines were cited as references.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76 - 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 5/325#120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are lumbar facet arthropathy; and lumbar discogenic spine pain. The documentation indicates Tylenol#4 and Nucynta 75mg were prescribed on October 23rd 2014. On November 17, 2014, Tylenol #4 was discontinued and Nucynta was refilled. On December 30, 2014 Percocet 5/325 mg was prescribed. There is no clinical rationale indication in the medical record for the discontinuation of Tylenol #4 and starting Percocet. Additionally, an entry in the medical record states Nucynta was discontinued because the insurance would not cover the medication. The documentation does not contain objective functional improvement as it relates to ongoing opiate use including Tylenol#4, Nucynta and Percocet. Consequently, absent clinical documentation with objective functional improvement (with all prior opiates), Percocet 5/325#120 is not medically necessary.