

Case Number:	CM15-0014050		
Date Assigned:	02/02/2015	Date of Injury:	10/30/1995
Decision Date:	03/20/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/25/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 is a 48 year old male, who sustained an industrial injury on 10/30/1995. He has reported back pain. The diagnoses have included lumbar facet arthropathy, lumbar radiculopathy, and chronic back pain. Treatment to date has included spinal fusion and medial branch radiofrequency ablation L1-L4. Currently, the IW complains of increased low back pain and bilateral buttock and leg pain rated 9/10 that decreases to 6/10 with medication. Physical examination from 12/3/14 documented a total disability score of 48/100, and use of a back brace. Diagnoses included chronic pain, status post lumbar fusion 14 years and the plan of care was for an orthopedic evaluation for a second opinion regarding surgical intervention. Medical records indicated he is scheduled to undergo an exploration of the fusion, removal of hardware, and laminectomy. On 12/23/2014 Utilization Review modified certification for Percocet 10/325mg for a QTY #90, noting the documentation did not include objective findings to support medical necessity. The MTUS Guidelines were cited. On 1/25/2015, the injured worker submitted an application for IMR for review of Percocet 10/325mg #160.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg quantity 160: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids

Decision rationale: Percocet (oxycodone with acetaminophen) is a short-acting opioid. Chronic pain guidelines and ODG do not recommend opioid except for short use for severe cases, not to exceed 2 weeks and Routine long-term opioid therapy is not recommended, and ODG recommends consideration of a one-month limit on opioids for new chronic non-malignant pain patients in most cases, as there is little research to support use. The research available does not support overall general effectiveness and indicates numerous adverse effects with long-term use. The latter includes the risk of ongoing psychological dependence with difficulty weaning. Medical documents indicate that the patient has been on Percocet for several months, in excess of the recommended 2-week limit. Additionally, indications for when opioids should be discontinued include if there is no overall improvement in function, unless there are extenuating circumstances. The treating physician does document some pain level improvement but does not document overall improvement in function, which is required for continued use of this medication. As such, the request for Percocet 10/325mg #160 is not medically necessary.