

Case Number:	CM15-0016309		
Date Assigned:	02/04/2015	Date of Injury:	03/29/1996
Decision Date:	03/23/2015	UR Denial Date:	01/17/2015
Priority:	Standard	Application Received:	01/28/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 66 year old male, who sustained an industrial injury on 3/29/1996. On 1/28/15, the injured worker submitted an application for IMR for review of 1 Prescription for Percocet 10/325mg #60 with 1 Refill between 1/14/2015 and 3/16/2015. The treating provider has reported the injured worker complained of continued low back pain with numbness and shooting pain into leg and has been treated with opioids for 15 years. The diagnoses have included lumbar/lumbosacral disc degeneration, postlaminectomy syndrome, myofascial pain, low back pain, sciatica, depression, tobacco abuse, chronic constipation. Treatment to date has medication as the only treatment noted. On 1/17/15 Utilization Review non-certified 1 Prescription for Percocet 10/325mg #60 with 1 Refill between 1/14/2015 and 3/16/2015. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Percocet 10/325mg #60 with 1 Refill between 1/14/2015 and 3/16/2015:
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): 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". Medical records indicate that the overall pain level has increased over the last several months and there is lack of documentation of "overall improvement in function", which are indications of when an opioid should be discontinued. As such, the request for Percocet 10/325MG #60 refills 1 is not medically necessary.