

Case Number:	CM15-0110595		
Date Assigned:	06/26/2015	Date of Injury:	10/31/1983
Decision Date:	08/24/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/08/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 78 year old male who sustained an industrial injury on 10/31/1983. Current diagnoses include degeneration of lumbar or lumbosacral intervertebral disc, lumbar radiculopathy, gastroesophageal reflux disease, and Barrett's esophagus. Previous treatments included medications and home exercise. Report dated 05/15/2015 noted that the injured worker presented with complaints that included chronic low back pain and medication refills. Pain level was 8 (without medications) and 4 (with medications) out of 10 on a visual analog scale (VAS). It was noted that the injured worker requested Percocet. Physical examination was positive for mild tenderness bilaterally in the lumbar spine, and restricted range of motion. The treatment plan included continue conservative treatments, request for continued coverage for chronic pain medication maintenance regimen, and return for follow up in one month. Disputed treatments include Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg quantity 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for the use of opioids, Opioids: long-term assessment, Opioids specific drug list- Oxycodone/Acetaminophen Page(s): 74, 76-82, 88-91, and 92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and the ODG, Percocet (Oxycodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, objective functional improvement, or response to ongoing opioid analgesic therapy. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested treatment with Percocet 10/325 mg is not medically necessary.