

Case Number:	CM15-0112535		
Date Assigned:	07/23/2015	Date of Injury:	11/29/2010
Decision Date:	08/19/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/11/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old man sustained an industrial injury on 11/29/2010. The mechanism of injury is not detailed. Diagnoses include lumbosacral spondylosis, lumbosacral intervertebral disc degeneration, and lumbago. Treatment has included oral medications and epidural steroid injection. Physician notes on a PR-2 dated 5/15/2015 show complaints of severe back pain rated 7/10. Recommendations include Percocet, Ambien, surgical intervention per another physician, and follow up in two months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg Qty 75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/Acetaminophen (Percocet); Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work-related injury in November 2010 and continues to be treated for low back pain. When seen, there had been 3 days of improvement

after an epidural steroid injection. He was continuing to struggle with pain which was rated at 7/10. Lumbar surgery had been recommended. Physical examination findings included guarded and slow movements. Percocet 10/325 mg was being taken up to 3 times per day. Percocet (oxycodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.