

Case Number:	CM15-0115347		
Date Assigned:	06/23/2015	Date of Injury:	10/31/2011
Decision Date:	07/30/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/15/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

The injured worker is a 30 year old female with an industrial injury dated 10/31/2011. Her diagnosis included cervicalgia, lumbar radiculopathy and degenerative lumbar/lumbosacral intervertebral disc. Prior treatments included physical therapy, surgery and medications. She presents on 01/09/2015 (the only progress note in the submitted records) with complaints of pain in low back radiating to bilateral legs. She rates the pain as an average of 5/10. At the visit she described her pain as 6/10. She also complains of neck pain radiating to her shoulders along with migraines. "Her pain gets better by taking medications and physical therapy." Documentation also states "medications are not helping with her back pain." Physical examination noted pain with lumbar range of motion. Sensory and neuro motor strength of the lower extremities was normal. Straight leg raising was negative. Right knee was non-tender with no swelling, bruising or effusion noted. Current medications included Norco, Fentanyl, Percocet, Tizanidine and Neurontin. Treatment plan included adjusting the medications since the current dose was not effective. Urine drug screen was to be performed on the next visit. Prescriptions included Neurontin, Percocet and Tizanidine. This request is for Percocet 10/235 mg one tablet every four hours for 30 days when necessary, quantity 180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg one tablet every four hours for 30 days when necessary, quantity 180:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 44, 47, 75-79, and 120.

Decision rationale: Regarding the request for Percocet (oxycodone/acetaminophen), California Pain Medical Treatment Guidelines state that Percocet is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Percocet (oxycodone/acetaminophen) is not medically necessary.