

Case Number:	CM15-0116952		
Date Assigned:	06/25/2015	Date of Injury:	04/28/1993
Decision Date:	08/07/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/17/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 76 year old male, who sustained an industrial injury on 4/28/1993. The mechanism of low back pain is unclear. The injured worker was diagnosed as having lumbar disc herniation, right sacroiliac joint dysfunction, and history of right L4-5 radicular pain. Treatment to date has included TENS, urine drug screening, magnetic resonance imaging of the lumbar spine (11/29/2010), lumbar epidural steroid injection (12/28/2010), and medications. The request is for Percocet. On 3/18/2015 and 4/15/2015, his low back pain level is noted to be 9/10 without medications and 4/10 with medications. On 5/13/2015, he complained of low back pain status post a previous lumbar laminectomy. He indicated the pain to be radiating into the right buttock and thigh. He reported continuation of home exercise program and that Percocet had been managing his symptoms. He is reported to be working on reduction of Percocet intake to 2- 3 pills per day, however has not been able to go lower as of this date. The pain medication is reported to help him walk with less pain. He reported his pain level as 9/10 without medications and 4/10 with medications. He also indicated a TENS unit to be helpful every other day. Physical findings revealed tenderness over the right sacroiliac joint, and positive testing for standing stork, Gillette's, and Patrick's maneuvers. The treatment plan included: continuing the home exercise program, and Percocet. A pain contract is noted to be on file in the physician's office and his urine opiate test results have been appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Percocet 5/325mg #85: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Percocet (Oxycodone & Acetaminophen) Page(s): 74-95, 97.

Decision rationale: Per the CA MTUS guidelines Percocet is the brand name of an Oxycodone and Acetaminophen combination drug. Oxycodone is a potentially addictive opioid analgesic medication. The CA MTUS guidelines state there are 4 A's for ongoing monitoring of opioids: analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). On-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain, the least reported pain over the period since the last assessment; average pain, intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. A satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In this case, the injured worker is noted to have been working on reduction of Percocet intake down to 2-3 pills per day; however he has been unable to decrease his dosage lower. Percocet is reported to help him to walk with less pain. He rated his pain as 9/10 without medications and 4/10 with medications. The records do not indicate how long it takes for pain relief, how long the pain relief lasts, average pain level, or the least reported pain of the period since the last assessment. The records indicated his pain level to be at 9/10 without medications and 4/10 with medications for several visits. Thus, indicating no reduction or change in his pain level. Therefore, the request for 1 prescription of Percocet 5/325 mg #85 is not medically necessary.