

Case Number:	CM15-0120664		
Date Assigned:	07/01/2015	Date of Injury:	10/28/2002
Decision Date:	08/04/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/23/2015

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

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 56 year old male who sustained an industrial injury on 10/28/2002. Diagnoses include cervical pain and lumbar discopathy with radiculopathy. Comorbid conditions include obesity (BMI 34). MRI of Lumbar Spine, Cervical Spine, Right Knee and Right Shoulder were done 3/7/2008; MRI of right hip done 11/2/2012. Treatment to date has included surgery, physical therapy, knee brace, trigger point injections, biopsychosocial program and medications (including Keppra, Butrans patch, Pristiq, ibuprofen, Lidoderm patch, Cymbalta, Lyrica and Norco). Per the Primary Treating Physician's Progress Report (PR-2) dated 5/14/2015, the injured worker reported chronic knee pain and right knee pain rated as 7/10 and described as aching, cramping, deep, sharp and shooting. He also reported aching, burning, sharp, throbbing, worsening, stiff and sore back pain. He rated his back pain as 7-8/10. He reported right shoulder pain rated as 6-7/10 and described as aching, sharp, shooting and worsening. He noted substantial benefit from medications with pain improvement of 90%. Physical examination revealed a positive McMurray's test to the right knee with pain and popping. Proprioception sensations were abnormal in the right upper extremity. There were findings described as "obvious" for Neer's, Hawkin's, and cross-arm abduction testing for the right shoulder. There was point tenderness along the acromioclavicular joint without significant findings for rotator cuff tear in the right shoulder. The right knee showed patellar guarding with lateral motions and grinding to passive range of motion testing. The plan of care included medication management and authorization was requested for Percocet 5/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg Qty #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids Page(s): 60-1, 74-96.

Decision rationale: Oxycodone/APAP (Percocet) is a combination medication made up of the semisynthetic opioid, oxycodone, and acetaminophen, better known as tylenol. It is indicated for treatment of moderate to severe pain and is available in immediate release and controlled release forms. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day which is up to 90-180 mg/day of oxycodone depending on the formulation. If being used to treat neuropathic pain, then it is considered a second-line treatment (first-line are antidepressants and anticonvulsants), however, there are no long-term studies to suggest chronic use of opioids for neuropathic pain. If treating chronic low back pain, opioids effectiveness is limited to short-term pain relief (up to 16 weeks) as there is no evidence of long-term effectiveness. It is known that long-term use of opioids is associated with hyperalgesia and tolerance. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. It is important to note, however, the maximum daily dose of opioids, calculated as morphine equivalent dosing from use of all opioid medications, is 120 mg per day. The major risks of opioid therapy are the development of addiction, overdose and death. The pain guidelines in the MTUS directly address opioid use by presenting a number of recommendations required for providers to document safe use of these medications. This patient has been on multiple medications for chronic pain control including first-line medications and chronic opioids and the provider is following all the MTUS recommendations for the safe, long-term use of these medications. Using the injured worker's present medication regimen, which includes the opioid Butrans Patch, the provider has documented 90% improvement in pain. At this point in the care of this patient adding a second, short acting opioid does not make sense since the patient's 90% relief means he is already getting almost total pain relief with his medications. Medical necessity for use of this medication has not been established.