

Case Number:	CM15-0123373		
Date Assigned:	07/07/2015	Date of Injury:	06/12/1997
Decision Date:	09/09/2015	UR Denial Date:	06/13/2015
Priority:	Standard	Application Received:	06/26/2015

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 63 year old female, who sustained an industrial injury on June 12, 1997. She reported being involved in a motor vehicle accident with increased lower back pain. The injured worker was diagnosed as having degenerative lumbar/lumbosacral intervertebral disc and lumbar back pain. Treatments and evaluations to date have included x-rays, lumbar fusion, facet injections, and medication. Currently, the injured worker complains of low back pain and leg pain. The Treating Provider's report dated May 5, 2015, noted the injured worker reported greater than 80% improvement in her pain from an injection received on February 28, 2015, back to baseline. The physical examination was noted to show the injured worker with an antalgic gait, able to transition for sitting to standing with minimal difficulty with decreased range of motion (ROM). The injured worker's medications were noted to continue to reduce her pain to a more tolerant level and allow her to be more independent in her activities of daily living (ADLs). The injured worker's current medications were listed as Soma and Percocet, with the treatment plan noted to include prescriptions written for both.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/acetaminophen (Percocet; generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. 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, the patient has been maintained on Percocet since at least 2008 and 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.