

Case Number:	CM15-0124157		
Date Assigned:	07/08/2015	Date of Injury:	03/22/2012
Decision Date:	08/05/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/27/2015

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:

The injured worker is a 50-year-old male who sustained an industrial injury on March 22, 2012. He has reported injury to the nose and right ear and has been diagnosed with bilateral septal deviation, bilateral nasal valve collapse, chronic allergic rhinitis, deviated nasal septum, and other diseases nasal cavity. Treatment has included medications, acupuncture, aqua therapy, medical imaging, injection, and physical therapy. Pain in the nose was rated a 5/10. He had difficulty breathing in both nostrils with the left side being harder to breath. Pain was a 6/10 in the right ear. His right ear had more pain than his nose. The treatment request included Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 7.5-325mg sig: 1 po q6h prn QTY: 120: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 78, 80-82, 124.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Opioids, criteria for use, p76-80, 86 (2) Other Medical Treatment Guidelines Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov; 94 (2): 149-58.

Decision rationale: The claimant sustained a work injury in March 2012. When seen, he had undergone nasal surgery the month before. Percocet was being prescribed. Prior to this Norco had been prescribed. When seen, he was eight days status post surgery. He was having increased back pain. He was having ongoing headaches, neck, right shoulder, bilateral knee, and pain throughout the spine. Medications are referenced as decreasing pain from 9/10 to 8/10. Medications are also referenced as providing improved function and, without them, the claimant is referenced as having significant difficulty tolerating routine activities of daily living. Medications were prescribed including Percocet for breakthrough pain. At the subsequent visit, Norco was resumed. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Percocet (oxycodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management 8 days after undergoing nasal surgery. There were no identified issues of abuse or addiction and medications were providing some decreased pain but also with reported improved activities of daily living tolerance. The total MED was less than 120 mg per day consistent with guideline recommendations. Prescribing Percocet is medically necessary.