

Case Number:	CM15-0172449		
Date Assigned:	09/14/2015	Date of Injury:	07/02/2008
Decision Date:	10/13/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/01/2015

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, California

Certification(s)/Specialty: Family Practice

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 07-02-2008. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for chronic bilateral neck pain and low back pain. Medical records (03-18-2015 to 04-20-2015) indicate no complaints of pain; however, the medical records, dated 05-19-2015 to 08-18-2015, indicate ongoing low back pain and neck pain. Records also indicate worsening of complaints. The treating physician's progress reports (PRs) did not indicate the injured worker's work status. The physical exams, dated 06-22-2015 and 08-18-2015, revealed that complaints of chills, fatigue, headaches, lightheadedness, sleep disturbance and changes in appetite had resolved. The objective exams on these dates both reported no acute distress, full range of motion in the neck, and normal motor and sensory exams. The PR dated 06-22-2015 reported tenderness to palpation over the lumbosacral spine, paraspinal muscle spasms bilaterally, sacroiliac joint tenderness, and lumbosacral tenderness; however, these findings were not reported on the most recent exam dated 08-18-2015. The PR dated 08-18-2015 also states that the "IW reported that the Norco was no longer working anymore". Relevant treatments have included work restrictions, and pain medications, which include Percocet, Norco, gabapentin and Baclofen (Percocet which was last prescribed on 03-18-2015). There was no diagnostic testing available for review. The request for authorization (08-18-2015) shows that the following medication was requested: Percocet 10- 325mg every 8 hours #120. The original utilization review (08-25-2015) partially approved a request for Percocet 10-325mg based on the lack of the recommended

monitoring of the 4 A's, side effects, and abuse or diversion, lack of functional improvement and the lack of symptomatic functional benefit and to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg every 8 hours, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long-term use has not been supported by any trials. In this case, the claimant had been on Percocet and Norco intermittently for several months. Long-term use is not indicated NO one opioid is superior to another. Use was mixed between prior diagnosis of prostatitis and currently low back pain. Pain score were not consistently noted. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Percocet is not medically necessary.