

Case Number:	CM15-0173580		
Date Assigned:	09/15/2015	Date of Injury:	02/25/2008
Decision Date:	10/21/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	09/03/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 54 year old male, who sustained an industrial injury on 2-25-2008. The medical records submitted for this review did not include documentation regarding the initial injury. Diagnoses include left knee internal derangement, gait instability, chronic myofascial pain syndrome, and chronic low back pain. Treatments to date include activity modification, medication therapy, and home exercise. Currently, he complained of ongoing pain to the back and headaches and associated with tingling, fatigue and weakness. Pain was rated 9 out of 10 VAS at worst and 8 out of 10 VAS at best during the previous week. Current medications listed included Lidoderm Patch, Flector, Percocet, Lyrica and Haldol. The record documented he continued to work full time and was able to function properly without jeopardizing the safety of self or others with medication use. On 7-7-15, the physical examination documented no clinical findings. The evaluation on 7-14-15, documented the physical examination revealed crepitus in bilateral shoulder and knees with tenderness on palpation. There were trigger points in trapezius, cervical, and gluteus muscles. The lumbar spine revealed decreased range of motion, weakness and decreased sensation to lower extremities. Multiple positive musculoskeletal tests were documented. The records indicated he was scheduled for a surgery to the left elbow and left wrist on 7-16-15. The appeal requested authorization for Percocet 10-325mg #105. The Utilization Review dated 8-3-15, modified the request to allow one refill of Percocet for the purpose of weaning per California MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10-325mg #105: Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Percocet (oxycodone/acetaminophen), California Pain Medical Treatment Guidelines state that Percocet is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Guidelines also recommend the physician can continue opioid medication if the patient has returned to work. Guidelines also state the lowest possible dose should be prescribed to improve pain and function. Within the documentation available for review, there is no indication that the medication is improving the patient's pain (in terms of percent reduction in pain or reduced NRS), but there is documentation regarding side effects, and discussion regarding aberrant use. Also, the patient has returned to work. It is acknowledged that the documentation is unclear in regards to how much pain relief and functional improvement are directly attributed to the Percocet and if the lowest possible dose is being used. As such, a one-month prescription of this medication should be sufficient to allow the requesting physician time to document that better. In light of the above issues, the currently requested Percocet (oxycodone/acetaminophen) is medically necessary.