

Case Number:	CM15-0178904		
Date Assigned:	10/01/2015	Date of Injury:	06/23/2006
Decision Date:	11/09/2015	UR Denial Date:	08/22/2015
Priority:	Standard	Application Received:	09/11/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 43 year old, female who sustained a work related injury on 6-23-06. A review of the medical records shows she is being treated for low back pain. Current medications include Gabapentin, Percocet, Nucynta, Cymbalta and Baclofen. She has been taking the Percocet since it was ordered 5-11-15. In the last few progress notes, the injured worker reports pain is rated a 3 out of 10 with Percocet and a 7-8 out of 10 without it. On physical exam dated 7-10-15, she is "very slowly taking care of self." She states "whole body hurts." She is not as tender as in the past. Diagram on note shows "some numbness" at right hip area. The treatment plan includes an order for Lunesta, for physical therapy and refills on medications. In the Utilization Review dated 8-22-15, the requested treatment of Percocet 10-325mg #240 was modified to Percocet 10-325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #240: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10/325mg # 240 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbago, left lower extremity sciatica; L4 - L5 and L5 - S1 lumbar disc (illegible); and diabetes mellitus under control. Date of injury is June 23, 2006. Request for authorization is August 17, 2015. According to a progress note dated May 11, 2015, the treating provider prescribed Percocet 10/325mg in addition to Nucynta extended release and immediate release and baclofen, Restoril, Cymbalta and gabapentin. According to an August 17, 2015 largely illegible progress note, the injured worker was seen in the emergency department by a surgeon. Keflex was prescribed. There are no detailed pain assessments or risk assessments. There is no documentation demonstrating objective functional improvement. The medication list is cut off at the bottom of page 1. There is no current list of medications. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, illegible documentation, no current list of medications, no detailed pain assessment or risk assessments, and no documentation demonstrating objective functional improvement, Percocet 10/325mg # 240 is not medically necessary.