

Case Number:	CM15-0026829		
Date Assigned:	02/19/2015	Date of Injury:	10/25/2002
Decision Date:	04/01/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/12/2015

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 59 year old male, who sustained an industrial injury on 10/25/02. He has reported low back and right hip pain. The diagnoses have included right sacroiliac joint pain and lumbar degenerative disc disease. Treatment to date has included L4-L5 fusion in 2009, lumbar laminectomy 7/2013, aqua therapy, epidural injections, lumbar MRI and oral medications. As of the PR2 dated 1/19/15, the injured worker reports low back pain that radiates to the lower extremities. The treating physician requested to continue Percocet 10/325mg #90. On 1/21/15 Utilization Review modified a request for Percocet 10/325mg #90 to Percocet 10/325mg #20. The utilization review physician cited the MTUS chronic pain medical treatment guidelines. On 2/10/15, the injured worker submitted an application for IMR for review of Percocet 10/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10 mg b.i.d. # 90 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 by the 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. In this case, the injured worker's working diagnoses are status post laminectomy July 2013; L4-L5 fusion 2009; right sacroiliac joint pain with piriformis syndrome. Documentation from February 4, 2013 shows the injured worker was taking Oxycontin ER 30 mg and Norco 10/325 mg. On October 20th 2013, Tizanidine was added to the drug regimen. On December 2, 2013, Percocet 10/325 mg was added to Oxycontin ER 30 mg QID. Norco appears to be discontinued. One year later on December 2014, Oxycontin ER 30 mg and Percocet 10/325 mg were continued. The documentation does not contain evidence of objective functional improvement. There was no attempt at weaning from narcotics. There were no detailed pain assessments. There were no risk assessments in the medical record. Consequently, absent clinical documentation with objective functional improvement to gauge the ongoing efficacy of Percocet with no evidence of risk assessment or detailed pain assessments, Percocet 10/325 mg b.i.d. #90 is not medically necessary.