

Case Number:	CM15-0063344		
Date Assigned:	04/09/2015	Date of Injury:	07/18/2000
Decision Date:	05/13/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/03/2015

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: New Jersey

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 59 year old male who sustained an industrial injury on 7/18/00. The mechanism of injury is unclear. He currently complains of right hip pain, right leg pain, neck pain, low back pain. Medications are Voltaren gel, Percocet, Testim gel. His activities of daily living and functionality are improved with medications and treatments. Diagnoses include right lumbar facet pain; right L5 radiculopathy; Baker's cyst right popliteal fossa. Treatments to date include piriformis injection right hip with improvement in pain, radiofrequency to low back with improvement, heat for neck pain, medications are effective for residual pain. Diagnostics include MRI of the lumbar spine (3/15/11) with abnormal findings. In the progress note dated 3/4/15 the treating provider's plan of care includes Oxycodone-acetaminophen noting activities of daily living and functionality is improved with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg, 240 count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there were reports of functional gains with the use of Percocet, and the worker is able to work full time due to the pain reduction that Percocet provides him. Therefore, considering the evidence presented for review, in the opinion of the reviewer, there is sufficient evidence to show benefit with use of Percocet, and it is medically necessary to continue.