

Case Number:	CM15-0068227		
Date Assigned:	04/15/2015	Date of Injury:	12/23/1999
Decision Date:	05/14/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/10/2015

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 63 year old male, who sustained an industrial injury on 12/23/1999. The injured worker is being treated for chronic low back pain. Treatment to date has included surgery, physical therapy, biofeedback, x-rays, lumbar epidural steroid injection and medications. According to a progress report dated 03/11/2015, the injured worker complained of pain to the midline and right side of the lumbar spine and numbness to the right big toe. Pain level varied from 4 out of 7 at the least severe, up to 7-10. It was worse in the evening depending on activity levels. Pain was associated with muscle spasms. Medications included aspirin, Citrucel, Cyclobenzaprine, Opana ER and Percocet. Diagnoses included chronic lumbar spine pain with right lower extremity paresthesias, post lumbar spine surgery syndrome, degenerative disc, arthritic and degenerative changes through the lumbar spine, comorbid medical conditions including history of MRA, history of gastrointestinal bleeds with non-steroidal anti-inflammatory drugs in the past and obstructive sleep apnea. Currently under review is the request for Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

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 Vicodin for a year. The change and dosage of Percocet indicated tolerance to chronic opioid use. Although the claimant cannot tolerate NSAIDS, there is no indication of Tylenol or Tricyclic failure or weaning attempt. The continued use of Percocet is not medically necessary.