

Case Number:	CM15-0075405		
Date Assigned:	04/27/2015	Date of Injury:	07/12/2010
Decision Date:	05/22/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/20/2015

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 a 56 year old male, who sustained an industrial injury on 7/12/2010. The mechanism of injury is not indicated. The injured worker was diagnosed as having cervical sprain/strain, lumbosacral sprain/strain, lumbar degenerative disc disorder, and myofascial pain syndrome. Treatment to date has included medications, physical therapy, and epidural steroid injections. The request is for Percocet and Oxycontin. The records indicate he has been utilizing Percocet and Oxycontin since at least September 2014. On 4/6/2015, he complained of neck, bilateral knee, and low back pain. He reported neck pain with radiation into the shoulders, and low back pain with radiation into the left hip. He indicates his pain level without medications is 10/10, and with medications 4/10. The records indicate he has tried physical therapy, and epidurals with suboptimal pain relief. He declined injection therapy. The treatment plan included: continue with conservative therapy, brace, Percocet, Oxycontin, Celebrex, Cymbalta, and referral for cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg Quantity 150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

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 Percocet for several months in combination with Celebrex and provided recently with Oxycontin. The addition of Oxycontin has reduced the use of Percocet in recent months and improved pain level. Long-term use of opioids has not been studied. There was no indication of Tricyclic failure or a continued and gradual weaning protocol with the addition of Oxycontin. As a result, the Percocet as prescribed above is not medically necessary.

Oxycontin 30 mg Quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

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

Decision rationale: According to the MTUS guidelines, opioids are 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 Oxycontin along with Percocet with the intention to reduce the use of short-acting opioids and use Oxycontin (long-acting). The claimants bid dosing of Oxycontin was reduced to daily as noted above without mention of weaning attempt. Pain scores remained stable indicating continued high dose Oxycontin is not necessary. The continued use of Oxycontin 30 mg is not substantiated and not medically necessary.