

Case Number:	CM15-0076724		
Date Assigned:	04/28/2015	Date of Injury:	10/30/2007
Decision Date:	05/28/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/22/2015

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: Ohio, North Carolina, Virginia
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 60 year old male, who sustained an industrial injury on 10/30/07. He reported pain in neck and back due to a four foot fall. The injured worker was diagnosed as having lumbago, cervicgia and myofascial pain. Treatment to date has included physical therapy, a lumbar MRI and pain medications including Kadian, Norco and Voltaren. As of the PR2 dated 3/31/15, the injured worker reports continued pain in the lower back, neck and left leg. He rates his pain a 7/10 because his medications have not been approved. The treating physician requested to start Percocet 5/325mg #60 x 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325 MG #60 with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Those prescribed opioids chronically require ongoing assessment of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued if there is pain relief and functional improvement and/or the injured worker has regained employment. Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet; Lorcet, Lortab; Margesic-H, Maxidone; Norco, Stagesic, Vicodin, Xodol, Zydone; generics available): Indicated for moderate to moderately severe pain. Note: there are no FDA-approved hydrocodone products for pain unless formulated as a combination. Side Effects: See opioid adverse effects. Analgesic dose: The usual dose of 5/500mg is 1 or 2 tablets PO every four to six hours as needed for pain (Max 8 tablets/day). Oxycodone/acetaminophen (Percocet; generic available): Side Effects: See opioid side effects and acetaminophen. Analgesic dose: Dosage based on oxycodone content and should be administered every 4 to 6 hours as needed for pain. Initially 2.5 to 5 mg PO every 4 to 6 hours prn. Morphine sulfate, Morphine sulfate ER, CR (Avinza; Kadian; MS Contin; Oramorph SR; generic available, except extended release capsules): Side Effects: See opioid adverse effects. Analgesic dose: Controlled, extended and sustained release preparations should be reserved for patients with chronic pain, who are need of continuous treatment. Avinza: morphine sulfate extended release for once daily dosing. The 60mg, 90mg and 120mg capsules are for opioid tolerant patients only. Kadian: (extended release capsules) May be dosed once or twice daily. The 100mg and 200mg capsules are intended for opioid tolerant patients only. MS Contin: (controlled release tablets) Doses should be individually tailored for each patient. In this instance, the injured worker had been prescribed Kadian twice daily for long acting pain control and Norco 10/325 mg for break through pain. The notes document pain relief with VAS scoring and provide examples of improved functionality as a result of the pain medication. On 3-31-2015 the treating physician requests the short acting opioid percocet 5/325 mg #60 and 1 refill. Yet, the injured worker's Kadian and Norco were both approved by the independent medical reviewer on 3-24-2015. The provided documentation does not describe a failure of the Norco to provide break through pain control. The rationale for using 2 short acting opioids is not provided. Hence, percocet 5/325 mg #60 and 1 refill is not medically necessary and appropriate.