

Case Number:	CM15-0092437		
Date Assigned:	05/18/2015	Date of Injury:	08/02/2007
Decision Date:	06/18/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/13/2015

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:

This 58-year-old female sustained an industrial injury to the low back on 8/2/7. Previous treatment included magnetic resonance imaging, lumbar laminectomy (4/2008), lumbar fusion (9/2012), sacroiliac joint block and medications. In a PR-2 dated 3/25/15, the injured worker complained of low back pain rated 4/10 on the visual analog scale with medications and 10/10 without as well as pain and numbness down bilateral lower extremities rated 6/10 with medications and 10/10 without. The injured worker's pain rating was unchanged from PR-2's dated 2/3/15 and 3/25/15. Current medications included Restoril, Neurontin, Celebrex, Percocet, Buspirone and Soma. The physician noted that the injured worker had been weaned to the lowest possible dose of Percocet to manage her ongoing symptoms. The physician stated that there was a current pain contract on file with the office. Current diagnoses included bilateral sacroiliac joint dysfunction, status post lumbar fusion, status post lumbar laminectomy, lumbar spine degenerative disc disease, residual lateral recess stenosis, lumbar spine radiculopathy and cervical spine instability. The treatment plan included continuing to request authorization for lumbar epidural steroid injection, sacroiliac joint radiofrequency ablation and acupuncture and a prescription for Percocet 10/325mg two to three times per day, #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 - 12 month rule: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91, 78.

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 a prolonged period with multiple analgesics. Pain score improvement attributed to Percocet cannot be determined. A lower dose or Tylenol failure was not noted long-term use is not recommended and the Percocet as prescribed above is not medically necessary.