

Case Number:	CM15-0093017		
Date Assigned:	05/19/2015	Date of Injury:	02/15/2008
Decision Date:	06/18/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/14/2015

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 37-year-old male who sustained a work related injury February 15, 2008. According to a primary treating physician's progress report, dated February 26, 2015, the injured worker presented with complaints of aching low back and left rib cage pain, burning right shoulder pain with pins and needles, burning left shoulder pain, burning left leg pain with numbness and pins and needles, burning stabbing left foot pain with pins and needles and pins and needles in the right foot. Diagnoses are s/p L5-S1 disc replacement surgery 4/28/2014; right shoulder strain with bursitis-compensatory; left shoulder impingement syndrome with acromioclavicular joint pain and possible labral tear; left rib cage contusion with laceration; adjustment disorder. At issue is a request for authorization 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 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 92.

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 opioids including Hydrocodone for several months and recently Percocet along with NSAIDS. There was no mention of Tylenol failure or plan for a weaning protocol. Long-term use has not been studied. The continued use of Percocet is not medically necessary.