

Case Number:	CM15-0093237		
Date Assigned:	05/19/2015	Date of Injury:	11/01/2002
Decision Date:	06/24/2015	UR Denial Date:	05/12/2015
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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 57 year old male, who sustained an industrial injury on 11/1/2002. He reported low back pain. The injured worker was diagnosed as having a history of arthritis, diabetes, cardiac disease with stent placement, hypertension, bradycardia fatigue, and renal insufficiency, multiple left knee arthroscopy, and bilateral knee arthroplasty. Treatment to date has included lumbar selective nerve root blocks, facet injections, rhizotomies, and magnetic resonance imaging. The request is for Percocet. On 1/22/2015, he complained of worsened low back pain with radiation to the buttock and hip area, and down to both knees. His Oswestry score is 76%. Current medications are: Percocet, Atenolol, Diovan, Nexium, Ambien, Aspirin, Lipitor, Coumadin, Niacin, Lovaza, and Nitroglycerin. Examination revealed joint stiffness, weakness, back pain, difficulty walking, no calf pain, and back cramping/spasms. The treatment plan included: nerve root blocks, and continue home exercises for the shoulder. On 3/9/2015, he had continued low back pain that he reported to be significantly decreased. He indicated he felt like he could reduce his medications. His pain is rated 4/10 down from previous of 8/10. The records indicate he has been utilizing Percocet since at least April 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The available documentation does not provide evidence of pain control or increase in function while using Percocet. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Percocet 10/325mg #100 is not medically necessary.