

Case Number:	CM15-0096540		
Date Assigned:	05/26/2015	Date of Injury:	03/09/2011
Decision Date:	07/01/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/19/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 44-year-old male who sustained an industrial injury on 03/09/2011. Diagnoses include lumbar post-laminectomy syndrome, lumbar spondylosis without myelopathy and lumbago. X-rays and numerous MRIs have been performed. Treatment to date has included medications, physical therapy, epidural steroid injections, microdiscectomy, spinal fusion, spinal cord stimulator and chiropractic care. According to the treating physician's progress notes dated 4/6/15, the IW reported constant aching lower back pain increased by standing, walking or sitting. The pain was rated 5-6/10 with medications and reaches 8-9/10 with certain activity. Medications included Duragesic patches, Percocet, Flexeril and Cymbalta. He stated his normal pattern was one day of activity followed by three days of bed rest. Medications and lying down make the pain better. On examination, the lumbar paraspinal muscles were tender to palpation and active flexion was limited due to pain. A request was made for Percocet 10/325mg, #75 to allow for up to five doses daily for breakthrough pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg #75: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Medication Page(s): 75-80.

Decision rationale: Regarding the request for Percocet (oxycodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Percocet is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, a progress note on 4/6/15 states the narcotic pain medications did help reduce the patient's pain from 8-9/10 to 5-6/10 and the patient has a consistent urine drug screen on 3/9/15. However, there is no indication that the medication has led to any functional improvement. Furthermore, there is no documentation regarding side effects. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Percocet (oxycodone/acetaminophen) is not medically necessary.