

Case Number:	CM13-0021540		
Date Assigned:	11/13/2013	Date of Injury:	07/23/2001
Decision Date:	01/14/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Preventative Medicine and Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic neck, low back and lower extremity pain reportedly associated with an industrial injury of July 23, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; including short-acting opioids; attorney representation; muscle relaxants; psychotropic medications; and prior lumbar laminectomy. The applicant's care has been complicated by comorbid epilepsy. In a utilization review report of August 27, 2013, the claims administrator denied a request for Percocet, suggesting that the applicant taper herself off of the same. In an October 17, 2013 progress note, the attending provider states that the applicant reports persistent 8/10 multifocal pain. She continues to have issues with syncope. The applicant states that Percocet is diminishing her pain about 50% and allows her to do chores at home including vacuuming, standing, doing dishes and folding laundry. Despite usage of Percocet, the applicant continues to use a cane. Seroquel is stabilizing her mood, she notes. Her California controlled substances medication report is apparently consistent with prescribed medications. The applicant is given prescriptions for Percocet and Seroquel and asked to discontinue baclofen. Permanent work restrictions are renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 7.5mg # 120: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the University of Michigan Health System..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment guidelines, the cardinal criteria for continuation of opioids are evidenced with successful return to work, improved function and/or reduced pain affected through ongoing opioid usage. In this case, the applicant seemingly meets 2 of the 3 aforementioned criteria. While she has failed to return to work, she does exhibit improved performance of non-work activities of daily living, including chores, laundry, etc., reportedly as a result of ongoing opioid usage. She is reporting reduced pain levels through ongoing Percocet usage. On balance, continuing the same is indicated. Therefore, the original utilization decision is overturned. The request is certified.