

Case Number:	CM13-0046295		
Date Assigned:	04/02/2014	Date of Injury:	07/09/2007
Decision Date:	05/08/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/12/2013

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. The expert reviewer is Board Certified in 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 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/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 shoulder, arm, neck, and low back pain reportedly associated with an industrial injury of July 9, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; muscle relaxants, adjuvant medications; opioid agents; and extensive periods of time off work. In a Utilization Review Report of October 18, 2013, the claims administrator denied a request for oxycodone-acetaminophen (Percocet), citing lack of supporting information and lack of supporting progress notes. The claims administrator stated that he did not receive the progress note of October 4, 2013 in which the medication was requested. The progress note of October 4, 2013 is reviewed and notable for comments that the applicant is a former dishwasher. He is off work, on total temporary disability, apparently owing to mental health issues, dental issues, medical issues, and/or some combination of the three. Percocet, Lyrica, Cymbalta, Prilosec, Robaxin, and Celebrex were renewed. It was stated that the applicant is having significant difficulty with activities of daily living and functional status without medications. The medications are not helping the applicant's headaches. He is having difficulty walking, he states. He exhibits an antalgic gait. He is asked to follow up with a spine surgeon. He does have history of multiple prior spine surgeries and is both hypertensive and diabetic. A November 1, 2013 progress note is notable for comments that the applicant reports heightened pain complaints and is again having difficulty walking. Various medications are renewed, including Percocet 7.5/325.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 5/325 MG #120/30 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80.

Decision rationale: Oxycodone or acetaminophen (Percocet) is an opioid. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of ongoing opioid therapy. In this case, however, the applicant has failed to return to work. The applicant is off work, whether as a result of his medical issues or mental health issues or some combination of the two. There is no evidence of improved functioning achieved as a result of ongoing opioid therapy. The applicant is apparently having difficulty performing even basic activities of daily living, such as ambulating. The applicant reports that his analgesia with medications has diminished as opposed to improved. Continuing Percocet is not indicated in this context. Therefore, the request is not certified.