

Case Number:	CM14-0014911		
Date Assigned:	03/07/2014	Date of Injury:	01/13/1982
Decision Date:	06/30/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/05/2014

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 employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 13, 1982. Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation; transfer of care to and from various providers in various specialties; anxiolytic medications; earlier shoulder surgery; a TENS unit; and epidural steroid injection therapy. In a Utilization Review Report dated January 29, 2014, the claims administrator partially certified a request for oxycodone-acetaminophen or Percocet, reportedly for weaning purposes. The applicant's attorney subsequently appealed. In progress note dated March 4, 2014, the applicant reported 4-5/10 pain without medications and 2/10 pain with medications. The applicant stated that medications were working well. The applicant apparently did not try Celebrex. The applicant's medication list included Percocet, Xanax, and Lovastatin. The applicant did have issues with sleep disturbance; it was suggested on the review of systems section of the report. The applicant again stated that his current pain regimen comprising of Percocet remained effective in moderately decreasing his pain. The attending provider stated that the applicant's function and ability to perform activities of daily living was ameliorated with ongoing Percocet usage. The applicant was able to walk 24 blocks with Percocet usage, could perform self-care, household chores, and regular exercise, with Percocet usage, it was reiterated. The applicant was asked to cease smoking. Permanent work restrictions were renewed. It did not appear that the applicant was working with said permanent limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 5-325 MG TABLET (TAKE ONE THREE TIMES DAILY AS NEEDED)
QUANTITY 90: Overturned

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

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

Decision rationale: Yes, the request for Percocet, a short-acting opioid, was medically necessary, medically appropriate, and indicated here. 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 function, and/or reduced pain achieved as a result of the same. In this case, the applicant has reported appropriate reduction in pain levels from 5/10 to 2/10 with ongoing Percocet usage. The applicant is able to perform household chores, stand and walk, ambulate, and perform grocery shopping, etc., reportedly a function of ongoing Percocet usage, although it is acknowledged that the applicant has failed to return to work. Nevertheless, on balance, two of the three criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy have been met here. Therefore, the request was medically necessary.