

Case Number:	CM14-0155946		
Date Assigned:	09/25/2014	Date of Injury:	06/18/2009
Decision Date:	11/13/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/23/2014

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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 18, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and opioid therapy. In a Utilization Review Report dated August 27, 2014, the claims administrator denied a request for Percocet. The applicant's attorney subsequently appealed. In a July 27, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant had apparently recently completed a functional restoration program. It was stated that the applicant had detoxified himself off of Percocet. It was stated that the applicant had tried other medications, including Norco, which was not altogether effective. Persistent complaints of low back pain were noted, radiating into right leg. The applicant had gained significant amounts of weight. The applicant was depressed, with a Global Assessment of Functioning (GAF) 54. In an August 19, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the left lower extremity. The applicant needed help to perform activities of daily living as basic as shopping, driving, housekeeping, and dressing, it was acknowledged. In another section of the note, it was stated that medication consumption was diminishing the applicant's pain complaints. A proposed disk replacement surgery had been denied earlier, it was suggested. Multiple medications were renewed, including Xanax and Flector. The applicant's work status was not clearly stated, although it did not appear that the applicant was working. In a March 13, 2014 progress note, it was acknowledged that the applicant was off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 x100: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: 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 the same. In this case, however, the applicant does not appear to have returned to work. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing opioid usage. The applicant's comments to the effect that he is having difficulty performing activities of daily living as basic as driving, dressing, housekeeping, shopping, cooking, etc., furthermore, do not make a compelling case for continuation of Percocet. Therefore, the request is not medically necessary.