

Case Number:	CM14-0166773		
Date Assigned:	10/14/2014	Date of Injury:	04/14/1982
Decision Date:	11/19/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/09/2014

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 July 17, 1991. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; unspecified amounts of physical therapy; epidural steroid injection therapy; and extensive periods of time off of work. In a Utilization Review Report dated September 24, 2014, the claims administrator failed to approve a request for Percocet. The applicant's attorney subsequently appealed. In a September 17, 2014 progress note, the applicant reported persistent complaints of low back pain. The attending provider stated that the applicant was using Percocet at a rate of four times a day and was apparently reporting some relief with the same. This was not quantified, however. Six sessions of physical therapy were endorsed while Percocet was renewed. The applicant was asked to remain off of work "per QME." In an earlier note dated August 12, 2014, the applicant was again described as having heightened complaints of pain. The applicant stated that he needed Percocet to control his pain complaints. Percocet was renewed. The applicant was again asked to remain off of work "per QME." The applicant did exhibit an antalgic gait, it was further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 5/325 MG #120; 1 EVERY 4-6 HOURS PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment 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 is seemingly off of work. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Percocet usage. Therefore, the request is not medically necessary.