MAXIMUS Federal Services

Case Number:	CM14-0023878		
Date Assigned:	06/11/2014	Date of Injury:	11/28/2012
Decision Date:	07/21/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/25/2014

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 injured worker is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 18, 2012. 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; muscle relaxants; earlier left shoulder surgery; and various interventional spine procedures. In a Utilization Review Report dated February 11, 2014, the claims administrator denied a request for Percocet while approving a request for a follow-up office visit. The claims administrator stated that the applicant was using Percocet chronically with no evidence of improvements in pain or function. The applicant's attorney subsequently appealed. In a September 20, 2012 progress note, the applicant did report persistent 8/10 low back and shoulder pain. The applicant was asked to pursue medial branch block procedures. The applicant was given prescriptions of Percocet and Flexeril. The applicant's work status was not furnished on that date. In a later note dated May 19, 2014, the attending provider sought authorization for acupuncture, pain management follow-up visit, and a urine drug screen. The applicant reported persistent 8/10 shoulder and low back pain on this date with associated limited shoulder range of motion also appreciated. The applicant was placed off of work, on total temporary disability. The applicant's medication list was not clearly stated, although the attending provider did allude to an earlier utilization review denial of Norco. On April 7, 2014, the applicant was described as using Norco and Flexeril and was again placed off of work, on total temporary disability. On March 28, 2014, the applicant's pain management physician apparently discontinued Percocet and placed the applicant on Norco and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF PERCOCET 10/325 #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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 off of work, on total temporary disability. The applicant continues to report heightened pain complaints from visit to visit, in the 8/10 range. There is no evidence of any improvements in function achieved as a result of ongoing Percocet usage. It appears that the attending provider ultimately reached to the same conclusion and, in a later visit of March 28, 2014, discontinued Percocet in favor of Norco. Therefore, the request for Percocet is not medically necessary, for all of the stated reasons.