

Case Number:	CM14-0041065		
Date Assigned:	06/30/2014	Date of Injury:	07/03/1999
Decision Date:	07/30/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/08/2014

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 of July 3, 1999. 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; and opioid therapy. In a Utilization Review Report dated March 13, 2014, the claims administrator denied a request for Percocet, a short-acting opioid, on the grounds that Percocet had not been successful here. A February 15, 2014 progress note is notable for comments that the applicant reported 8-9/10 low back pain, exacerbated by standing and bending. The applicant's complete medication list was not provided. However, the primary treating providers did review a November 13, 2013 pain management note, which suggested that the applicant was using Soma, Nucynta, Percocet, Prilosec, Elavil, and topical compounds. The applicant was described as having ongoing issues with postoperative pain. A variety of agents, including Soma, Percocet, Ambien, Prilosec, Nucynta, and topical compounds were renewed. The applicant was described as retired, at age 59.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Percocet 10/325mg q8h for lumber spine pain, as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12 edition McGraw Hill, 2006.

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. The applicant's pain complaints are heightened, in the 8-9/10 range, despite ongoing opioid therapy. The applicant, as previously noted, is no longer working, whether as a result of her medical issues or as a result of retirement (age 59). The attending provider has not described or detailed any reductions in pain or improvements in function achieved as a result of ongoing Percocet usage. Therefore, the request is not medically necessary.