

Case Number:	CM14-0058542		
Date Assigned:	07/09/2014	Date of Injury:	01/17/2012
Decision Date:	09/11/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	04/29/2014

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 bilateral arm, neck, thumb, hip, shoulder, back, and knee pain reportedly associated with an industrial injury of January 17, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; earlier knee arthroscopy; earlier cervical epidural steroid injection therapy; adjuvant medications; and opioid therapy. In a Utilization Review Report dated April 28, 2014, the claims administrator approved a request for Motrin and Elavil while partially certifying request for Percocet, Effexor, Biofreeze gel, and additional aquatic therapy. The claims administrator apparently considered the Biofreeze gel a topical compound and invoked guidelines on the same. The applicant's attorney subsequently appealed. In a July 2, 2013 progress note, the applicant reported persistent complaints of neck, shoulder, and hip pain. The applicant stated that water therapy had been beneficial. The applicant was using Percocet, Relafen, Neurontin, and Effexor, it was stated. The applicant was given refills of each of the same. The applicant was asked to try and perform land exercises. A rather proscriptive 10-pound lifting limitation was endorsed. It did not appear that the applicant was working with the same. The attending provider stated that he was pending authorization for both land based and aquatic therapy. The applicant was walking with the aid of a cane, it was acknowledged. The attending provider stated that the applicant was tolerating medications on this occasion but did not incorporate any discussion of medication efficacy into this particular note. In an earlier note dated June 4, 2014, the attending provider noted that the applicant presented with neck, shoulder, and hip pain. The applicant was using aquatic therapy. Gabapentin was generating weight gain. The applicant was using one to two Percocet a day, it was acknowledged, along with Relafen and Effexor. Multiple medications were refilled. The applicant's gait was not described on this occasion. The applicant was asked to try a combination of land therapy and/or aquatic therapy.

The same, rather proscriptive 10-pound lifting limitation was endorsed. There was no discussion of medication efficacy on this occasion. On May 7, 2014, the attending provider stated that the applicant's pain levels dropped from 7-8/10 to 3-4/10 with medications. The attending provider stated that the applicant's pain medications were diminishing her pain complaints and were ameliorating her ability to do cooking and cleaning. Additional water therapy was sought. The same rather proscriptive 10-pound lifting was endorsed. It did not appear that the applicant was working with said 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 QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids 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 be working with a rather proscriptive 10-pound lifting limitation in place. On the bulk of the progress notes referenced above, the attending provider did not make any mention of reductions in pain or improvements in function achieved as a result of ongoing medication usage, including ongoing Percocet usage. On one occasion, on May 7, 2014, the attending provider did state that the applicant's pain levels were appropriately diminished with the same but acknowledged that the only activities of daily living which were ameliorated were the applicant's ability to cook and clean. These appear to be marginal to negligible and are seemingly outweighed by the applicant's failure to return to work and the attending provider's failure to comment more expansively on improvements in pain and/or function on this and other progress notes. Therefore, the request is not medically necessary.