

Case Number:	CM14-0121768		
Date Assigned:	09/16/2014	Date of Injury:	09/03/2013
Decision Date:	02/28/2015	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of September 3, 2013. In a Utilization Review Report dated July 7, 2014, the claims administrator failed to approve a request for Percocet, a short-acting opioid. The claims administrator referenced a July 7, 2014 progress note in its determination. The claims administrator contented that the applicant had failed to demonstrate evidence of material benefit achieved as a result of the ongoing opioid therapy. A June 27, 2014 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On said handwritten note of June 27, 2014 progress note, the applicant was asked to remain off of work until further notice. Percocet was renewed. The applicant had superimposed issues with depression, in addition to ongoing complaints of low back pain. The applicant was given diagnosis of chronic low back pain and posttraumatic stress disorder. Spine surgery consultation was endorsed. In an early note dated May 30, 2014, the applicant was asked to remain off of work until further notice. Large portions of progress note were handwritten, difficult to follow, not entirely legible. The applicant was using Neurontin, Zoloft, and Ativan as of that point in time, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg # 90, 2 Units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guideline, Opioids Page(s): 80, 124.

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. Here, the applicant was/is off of work, on total temporary disability. Multiple handwritten progress notes, referenced above, interspersed throughout 2014, contained no references or mention of any quantifiable decrements in pain and/or material improvements in function achieved as a result of ongoing opioid therapy. Therefore, the request was not medically necessary.