MAXIMUS Federal Services

Case Number:	CM14-0124560		
Date Assigned:	08/08/2014	Date of Injury:	06/05/2008
Decision Date:	07/16/2015	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/06/2014

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, New York, 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 73-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 5, 2008. In a Utilization Review report dated July 30, 2014, the claims administrator partially approved a request for Percocet, apparently for weaning or tapering purposes. The claims administrator referenced a July 22, 2014 RFA form and an associated July 17, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On July 18, 2013, the applicant was placed off of work and had reportedly been deemed "disabled," it was acknowledged owing to ongoing complaints of low back pain. OxyContin, Prevacid, Lyrica, Celebrex, Senna, and Colace were renewed at that point, without much seeming discussion of medication efficacy. On January 30, 2014, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities. The applicant was in the process of obtaining a CPAP device, it was reported. Celebrex, Lyrica, OxyContin, Percocet, and Colace were seemingly renewed. The applicant had apparently received a spinal cord stimulator implantation; it was suggested at this point. The applicant was again described as "disabled," it was reported. In a RFA form dated July 26, 2014, Percocet, OxyContin, Lyrica, Celebrex, and Senna were renewed. In an associated progress note of July 17, 2014, the attending provider stated that the applicant's medications allowed him to remain functional but did not elaborate further. The applicant was using OxyContin, Celebrex, Lyrica, Senna, Colace, Percocet, and a spinal cord stimulator, it was reported. The applicant was again described as "disabled," it was reported. The applicant exhibited a visibly slow gait in the clinic setting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Percocet, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. 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 because of the same. Here, however, the applicant was off of work and had been deemed "disabled," the treating provider reported on multiple office visits, referenced above, interspersed throughout 2013 and 2014. While the treating provider reported that the applicant's medications were beneficial, this was neither elaborated nor expounded upon. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected because of ongoing opioid usage, including ongoing Percocet usage. Therefore, the request was not medically necessary.