

Case Number:	CM15-0145205		
Date Assigned:	08/21/2015	Date of Injury:	08/19/2004
Decision Date:	09/29/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/27/2015

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 58-year-old who has filed a claim for chronic neck, low back, and wrist pain reportedly associated with an industrial injury of August 19, 2004. In a Utilization Review report dated July 16, 2015, the claims administrator failed to approve a request for Percocet. An RFA form received on July 9, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On June 3, 2015, medical transportation for all appointments, Percocet, electrodiagnostic testing, and a lumbar corset were endorsed. In an associated progress note of May 28, 2015, the applicant reported severe low back pain. The applicant was having difficulty performing activities as basic as standing and walking, it was reported. The applicant then contended that her pain medications were reducing her pain scores by 50%. Percocet was renewed. The applicant was asked to pursue a lumbar fusion surgery. A trigger point injection was performed in the clinic. Transportation to and from appointments were sought. The applicant's work status was not detailed, although it did not appear that the applicant was working. On April 15, 2015, the applicant reported ongoing complaints of neck and low back pain, reportedly severe. Burning paresthesias about the arms and legs were reported. The applicant was given a new lumbar corset. Percocet was refilled. The applicant was given a Toradol injection in the clinic. It was stated that the applicant's pain complaints were "debilitating" and that the applicant could not work. The applicant was only able to walk up to one-half block continuously, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

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 as a result of the same. Here, however, the applicant was off of work, it was acknowledged on a progress note of April 15, 2015. The applicant reported that her pain complaints were debilitating and severe. The applicant was having difficulty performing activities of daily living as basic as standing and walking, it was reported on both May 28, 2015 and April 15, 2015. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Percocet. Therefore, the request is not medically necessary.