

Case Number:	CM15-0147523		
Date Assigned:	08/10/2015	Date of Injury:	09/25/2009
Decision Date:	09/10/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/29/2015

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 57-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 25, 2009. In a Utilization Review report dated July 21, 2015, the claims administrator failed to approve requests for Percocet and tramadol. The claims administrator referenced a July 11, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On June 13, 2015, it was acknowledged that the applicant was off of work, on total temporary disability, owing to ongoing complaints of mid and low back pain. The applicant was given prescriptions for Soma, tramadol, Norco, and Robaxin, it was reported. The note was very difficult to follow as it mingled historical issues with current issues. It was difficult to ascertain precisely which opioid drugs the claimant was using as the claimant has apparently tried several opioids in the past before discontinuing the same. The claimant was off of work and had been deemed "disabled," the treating provider reported. Activities of daily living as basic as lifting and bending remained problematic. 5-10/10 pain complaints were noted. On June 2, 2015, the claimant was again described as "disabled." The claimant was receiving both disability and indemnity benefits, it was suggested. The claimant was asked to continue Norco, tramadol, and Soma while remaining off of work. Physical therapy was sought. The claimant was considering a kyphoplasty procedure, it was reported. Lifting and bending remained problematic, it was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Percocet 10/325mg #175: Upheld

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

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 claimant remained off of work and had been deemed disabled, it was reported on office visits of May and June 2015, referenced above. The claimant reported that activities of daily living as basic as lifting and bending remained problematic, despite ongoing opioid consumption. The attending provider failed to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Percocet usage. Therefore, the request was not medically necessary.

Pharmacy purchase of Tramadol 50mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids; 4) On-Going Management Page(s): 80; 78.

Decision rationale: Similarly, the request for tramadol, a second short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. Here, the attending provider failed to furnish a clear or compelling rationale for concomitant usage of two separate short-acting opioids, Percocet and tramadol. The applicant likewise failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy, which include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant had been deemed disabled and was receiving both Workers Compensation indemnity and disability insurance benefits, as suggested above. Activities of daily living as basic as lifting and bending remained problematic. The attending provider failed, in short, to identify meaningful, material and/or substantive improvements in function (if any) effected as a result of ongoing opioid usage, including ongoing tramadol usage. Therefore, the request was not medically necessary.