

Case Number:	CM15-0147994		
Date Assigned:	08/11/2015	Date of Injury:	04/03/2014
Decision Date:	09/23/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/30/2015

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 [REDACTED] beneficiary who has filed a claim for chronic neck, low back, and knee pain reportedly associated with an industrial injury of April 3, 2014. In a Utilization Review report dated July 17, 2015, the claims administrator failed to approve a request for Percocet. The claims administrator referenced an RFA form received on July 13, 2015 in its determination. The applicant's attorney subsequently appealed. On June 12, 2015, the applicant received acupuncture. On June 22, 2015, the applicant received refills of Percocet and Flexeril. Ongoing complaints of neck and low back pain were reported. No seeming discussion of medication efficacy transpired. The applicant's work status was not detailed. On May 28, 2015, the applicant received refills of naproxen, Flexeril, and unspecified creams. No indication of medication efficacy transpired on this date, either. The applicant's work status was not clearly reported. In a progress note dated June 4, 2015, the applicant was placed off of work, on total temporary disability, through July 17, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, on total temporary disability, it was acknowledged on June 4, 2015. The applicant subsequently received a refill of Percocet on June 22, 2015 without any explicit discussion of medication efficacy. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Percocet usage. Therefore, the request was not medically necessary.