

Case Number:	CM15-0162811		
Date Assigned:	08/31/2015	Date of Injury:	04/30/2014
Decision Date:	10/15/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/19/2015

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 low back pain (LBP) reportedly associated with an industrial injury of April 30, 2014. In a Utilization Review report dated August 13, 2015, the claims administrator partially approved a request for Percocet, apparently for weaning or tapering purposes. The claims administrator referenced an August 4, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On a July 7, 2015 RFA form, Percocet was renewed. In an associated progress note dated July 7, 2015, the applicant reported ongoing complaints of hip pain, unchanged. The applicant's medications included Percocet, Cymbalta, Flexeril, Soma, naproxen, and Elavil, it was reported. 7/10 pain complaints were noted in one section of the note. The applicant reported 5-6/10 pain without medications in one section of the note versus 3-4/10 with medication in another section of the note. The attending provider contended that the applicant's ability to perform personal care and do her dishes have been ameliorated as a result of ongoing medication consumption. The applicant's work status was not detailed, although it did not appear that the applicant was working. On an RFA form dated August 4, 2015, Soma, Percocet, Flexeril, and Cymbalta were all renewed. In an associated progress note of the same date, August 4, 2015, the applicant reported worsening knee, hip, and back pain. The applicant was asked to remain off of work "indefinitely" while multiple medications were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5-325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: No, the request for Percocet, a short-acting opioid, is 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 reported on August 4, 2015. The applicant was kept off of work "indefinitely," it was reported on that date. The attending provider failed to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Percocet usage, either on the August 4, 2015 office visit at issue or on a historical note of July 7, 2015. The applicant's pain complaints were worsening as of August 4, 2015, it was reported. The attending provider's commentary to the effect that the applicant's ability to do her dishes and perform personal hygiene as a result of ongoing medication consumption did not constitute evidence of a meaningful improvement in function sufficient to justify continuation of Percocet and was, furthermore, outweighed by the applicant's failure to return to work. Therefore, the request is not medically necessary.