MAXIMUS Federal Services

Case Number:	CM15-0163096		
Date Assigned:	08/31/2015	Date of Injury:	06/30/2003
Decision Date:	10/15/2015	UR Denial Date:	07/29/2015
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 55-year-old who has filed a claim for chronic knee, shoulder, and neck pain reportedly associated with an industrial injury of June 30, 2003. In a Utilization Review report dated July 28, 2015, the claims administrator failed to approve a request for Percocet. The claims administrator referenced a July 22, 2015 progress note and an associated July 24, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On August 18, 2015, the attending provider appealed the denial of Percocet and bilateral cervical facet injections. The attending provider noted that the applicant was using 2-3 Percocet daily in addition to Voltaren gel, Flexeril, and Elavil. The applicant had received Botox injections, a failed cervical spine surgery, and a functional restoration program. The attending provider contended that the applicant's pain complaints would be severe without her medications. The applicant was off of work, it was acknowledged, and had not returned to work since 2009, it was acknowledged. On July 22, 2015, the applicant reported ongoing complaints of neck, shoulder, and knee pain. The note was difficult to follow as it mingled historical issues with current issues. The applicant received extensive acupuncture, it was acknowledged. Percocet was renewed. The applicant's permanent work restrictions were likewise renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #45 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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, 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, it was acknowledged that the applicant was off of work on an appeal letter dated August 18, 2015. The applicant had not worked since 2009, it was reported on that date. While the attending provider did recount some reduction in pain scores effected as a result of ongoing medication consumption, including ongoing Percocet consumption, these reports were, however, outweighed by the applicant failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Percocet consumption. Therefore, the request was not medically necessary.