

Case Number:	CM15-0164484		
Date Assigned:	09/01/2015	Date of Injury:	09/18/2011
Decision Date:	10/28/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/21/2015

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 48-year-old who has filed a claim for chronic bilateral knee, bilateral foot, upper back, mid back, and low back pain with derivative complaints of headaches reportedly associated with an industrial injury of September 18, 2011. In a Utilization Review report dated July 21, 2015, the claims administrator failed to approve a request for Percocet. The claims administrator referenced an RFA form received on July 14, 2015 in its determination along with an associated progress note of June 11, 2015. The applicant's attorney subsequently appealed. On April 7, 2015, the applicant reported ongoing complaints of low back pain radiating to the left leg, 5/10 with medications versus 9/10 without medications. The applicant was on Ambien, Percocet, Flexeril, Topamax, and Cymbalta, it was reported. The applicant's BMI was 28. 150 tablets of Percocet were renewed. The applicant's work status was not detailed. The applicant stated that an earlier epidural steroid injection had not proven particularly successful. On April 6, 2015, the applicant again reported multifocal complaints of low back and knee pain, reportedly ameliorated as a result of ongoing medication consumption. The note was very difficult to follow and mingled historical issues with current issues. A severe increase in low back pain complaints was reported. Replacement TENS unit was sought. Work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place. In a May 15, 2015 medical-legal evaluation, the applicant reported multifocal pain complaints associated with fibromyalgia. In one section of the medical-legal evaluation, it was suggested that the applicant's employer was unwilling to accommodate previously imposed limitations. The applicant was using Percocet at a rate of 6 tablets daily, it

was reported. The medical-legal evaluator asked the applicant to complete a polysomnogram. On May 12, 2015, the applicant reported ongoing complaints of low back, groin, and foot pain. The applicant was on topical Pennsaid, it was stated in one section of the note. Work restrictions were endorsed. There was no mention of Percocet usage on this date. The applicant was asked to consider a lumbar laminectomy-diskectomy procedure. In a separate medical-legal evaluation dated April 16, 2015, the applicant contended that she had returned to work effective December 29, 2014 and had remained at work, despite ongoing pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 #150: Overturned

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: Yes, the request for Percocet, a short-acting opioid, was medically necessary, medically appropriate, and 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, the applicant had returned to and/or maintained successful return to work status, it was acknowledged on a medical-legal evaluation of April 16, 2015, at which point it was stated that the applicant had returned to work effective December 2014, despite ongoing pain complaints. The treating provider reported on April 7, 2015 that the applicant's pain scores had been reduced from 9/10 without medications to 5/10 with medications and seemingly suggested that the applicant's walking tolerance had been ameliorated as a result of the same. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.