

Case Number:	CM15-0181530		
Date Assigned:	09/22/2015	Date of Injury:	06/04/2001
Decision Date:	11/03/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/15/2015

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 pain syndrome reportedly associated with an industrial injury of June 4, 2001. In a Utilization Review report dated September 8, 2015, the claims administrator partially approved a request for Percocet, seemingly for weaning or tapering purposes. An RFA form and an associated progress note of August 31, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On August 31, 2015, the applicant reported ongoing complaints of low back pain. The applicant was using Percocet and Neurontin. The treating provider contended that the Percocet and Neurontin were controlling the applicant's pain complaints appropriately. The attending provider stated that the applicant was not doing home exercises, however. The attending provider stated that the applicant was performing some unspecified errands and household chores as a result of ongoing medication consumption. The applicant's medications included Ambien, Desyrel, Prilosec, Premarin, Percocet, Neurontin, Zestril, Levoxyl, and Norco, it was reported. The applicant was smoking a pack a day, was disabled as suggested in social history section on the note, and was misusing marijuana, it was reported. The applicant was placed off of work, on total temporary disability, while Percocet was continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Percocet 5/325mg #90: 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 79 of the MTUS Chronic Pain Medical Treatment Guidelines, immediate discontinuation of opioid has been suggested for applicants who are engaged in illicit substance abuse. Here, the applicant was reportedly using marijuana, i.e., an illicit substance, it was reported on August 31, 2015. Discontinuation of opioid therapy of Percocet, thus, seemingly represented more appropriate option than continuation of the same, per page 79 of the MTUS Chronic Pain Medical Treatment Guidelines. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates the lowest possible dose of opioids should be employed to improve pain and function. Here, however, the applicant was seemingly given and/or using two separate short acting opioids, Norco and Percocet, it was reported on August 31, 2015. A clear rationale for such usage was not, however, furnished in the face on the position set forth on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines to employ the lowest possible dose of opioids needed. Therefore, the request was not medically necessary.