

Case Number:	CM15-0182732		
Date Assigned:	09/23/2015	Date of Injury:	08/27/2011
Decision Date:	11/06/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/17/2015

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 52-year-old who has filed a claim for chronic neck, knee, and shoulder pain reportedly associated with an industrial injury of August 27, 2011. In a Utilization Review report dated September 8, 2015, the claims administrator failed to approve a request for Percocet. The claims administrator referenced a July 22, 2015 and August 11, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On June 24, 2015, the applicant reported ongoing complaints of knee pain, neck pain, shoulder pain, and depression. The applicant had received multiple injections to include greater occipital nerve injections and trigger point injections over the course of the claim, it was reported. Activities of daily living to include lifting, sitting, bending, standing, twisting and cold weather worsened the applicant's pain complaints. 8 to 10/10 pain complaints were reported. The applicant was not out of the house on a daily basis, used a cane to move about and was resting and/or reclined "75 to 100% of the waking day," it was reported. Greater occipital nerve blocks were performed in the clinic. A cervical epidural steroid injection was sought. Medications were renewed. Little seeming discussion of medication efficacy transpired. On a July 14, 2015 medical-legal evaluation, a medical-legal evaluator noted that the applicant was using 10 oxycodone tablets daily. The applicant had been off of work for over four years, it was reported. The applicant alleged an inability to carry more than a carton of milk. The applicant reported difficulty gripping, grasping, writing, typing, bathing, dressing, and shaving himself.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone/APAP 10-325mg #240 thirty day supply: 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, Opioids, dosing.

Decision rationale: No, the request for oxycodone-acetaminophen (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, a medical-legal evaluator reported on July 14, 2015. The applicant had not worked in over 4 years, it was reported. Activities of daily living as basic as gripping, grasping, writing, lifting, and carrying remain problematic, it was reported on that date. All of the foregoing, taken together, strongly suggested that the applicant had failed to profit from ongoing Percocet usage in terms of the parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant was, moreover, described as using 10 oxycodone (AKA Percocet) per day, it was reported on July 14, 2015. Usage of 10 tablets of Percocet daily represents a morphine-equivalent dose of 150, per page 87 of the MTUS Chronic Pain Medical Treatment Guidelines, i.e., in excess of the upper bound of normal limit of 120 milligrams of oral morphine equivalents established on page 86 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's excessive consumption of Percocet, thus, coupled with the applicant's seeming failure to profit from the same did not make compelling case for continuation of opioid therapy here. Therefore, the request was not medically necessary.