

<b>Case Number:</b>	CM15-0190580		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	12/16/2009
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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 72-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 16, 2009. In a Utilization Review report dated September 22, 2015, the claims administrator failed to approve requests for Percocet, Norco, and Medrol Dosepak. The claims administrator referenced an RFA form received on September 15, 2015 and an associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. On said September 15, 2015 office visit, difficult to follow, handwritten, not entirely legible, the applicant reported ongoing complaints of low back pain radiating to the right leg. The applicant had received recent epidural steroid injection, it was reported. A Medrol Dosepak was seemingly endorsed, along with Percocet, Norco, and Prilosec. The applicant was described as having issues with myofascial pain syndrome and strain of the lumbar spine, it was stated in the Diagnoses section of the note. The applicant was not working and was deemed a qualified injured worker, the treating provider reported toward the bottom of the note. The note was very difficult to follow, not altogether legible, and did not seemingly incorporate much discussion of medication efficacy insofar as Percocet and Norco were concerned.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet, unknown prescription:** 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, the applicant was off of work and was deemed a qualified injured worker, the treating provider reported on September 15, 2015. Said September 15, 2015 progress note was thinly and sparsely developed, handwritten, not altogether legible, did not outline either quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request is not medically necessary.

**Hydrocodone, unknown prescription:** 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:** Similarly, the request for hydrocodone (Norco), a second short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. Here, however, the attending provider's September 15, 2015 office visit was thinly and sparsely developed, difficult to follow, not entirely legible, and did not clearly state why the claimant was being given 2 separate short-acting opioids, Percocet and Norco (hydrocodone-acetaminophen). Concurrent usage of 2 separate short-acting opioids ran counter to the principle espoused on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines to employ the lowest possible dose of opioids needed to improve pain and function. Therefore, the request is not medically necessary.

**Methylprednisolone 4 mg Qty 21:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 506, Recommendation: Glucocorticosteroids for

Acute Severe Radicular Pain Syndromes, Glucocorticosteroids are recommended for treatment of acute severe radicular pain syndromes for purposes of obtaining a short-term reduction in pain 494, Indication, Acute severe radicular pain.

**Decision rationale:** Finally, the request for methylprednisolone (Medrol), an oral corticosteroid, was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 308, oral corticosteroids such as a Medrol Dosepak are deemed not recommended in the low back pain context present here. While a more updated Medical Treatment Guideline (MTG) in the form of the Third Edition ACOEM Guidelines Low Back Disorders Chapter acknowledges that glucocorticosteroids are recommended in the treatment of acute severe radicular pain syndromes for the purposes of obtaining a short-term reduction in pain, here, however, the September 15, 2015 office visit was thinly and sparsely developed, handwritten, difficult to follow, not entirely legible, and made no mention of the applicant's experiencing an acute or severe flare in radicular symptoms on that date. Therefore, the request is not medically necessary.