

Case Number:	CM15-0193784		
Date Assigned:	10/07/2015	Date of Injury:	06/09/2000
Decision Date:	11/23/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/02/2015

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 71-year-old who has filed a claim for chronic neck and wrist pain reportedly associated with an industrial injury of June 9, 2000. In a Utilization Review report dated September 4, 2015, the claims administrator failed to approve a request for Percocet. The claims administrator referenced an August 23, 2015 RFA form and an associated June 18, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On June 18, 2015, the applicant reported heightened pain complaints, 8/10 without medications versus 2-3/10 with medications. The applicant was on Lyrica, Dendracin, Percocet, and Celebrex, it was reported. The attending provider stated that the applicant's pain complaints were severe and that the applicant was bedbound at times owing to heightened pain complaints. The applicant needed a home health aide to assist her in performing activities of daily living and also needed a driver to take her to and from appointments, it was stated in another section of the note. The attending provider then stated that the applicant's medications were reducing the pain scores by 40%. A repeat epidural steroid injection was sought while Percocet and Celebrex were renewed. The applicant's work status was not detailed, although it did not appear that the applicant was working. On March 19, 2015, once again, the applicant's work status was not explicitly detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, criteria for use.

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's work status was not reported on June 18, 2015 office visit at issue suggesting that the applicant was not, in fact, working. While the treating provider stated in some sections of the note that the applicant's pain scores were reduced by 40% as a result of ongoing medication consumption, these reports were, however, outweighed by the treating provider's failure to outline the applicant's work status, the applicant's seeming failure to return to work, and the treating provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Percocet usage. The treating provider's report of June 18, 2015 suggested that the applicant was, at times, bedridden secondary to pain, having difficulty tying her shoelaces, was having difficulty walking, and was having difficulty performing household chores, coupled with the treating provider's failure to clearly report the applicant's work status did not, in short, make a compelling case for continuation of opioid therapy with Percocet. Therefore, the request is not medically necessary.