

Case Number:	CM15-0196824		
Date Assigned:	10/12/2015	Date of Injury:	09/14/2000
Decision Date:	11/30/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/06/2015

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 53-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 14, 2000. In a utilization review report dated September 15, 2015, the claims administrator failed to approve a request for Percocet apparently prescribed on September 1, 2015. The applicant's attorney subsequently appealed. On September 9, 2015, the claimant reported ongoing complaints of left knee pain status post earlier left knee surgery. Sitting, walking, kneeling, and standing all remained problematic, the treating provider reported. The applicant reported difficulty sleeping secondary to heightened pain complaints. The attending provider contended the applicant's pain medications, which included OxyContin, Percocet, Voltaren Gel, and Lidoderm patches, were allowing the claimant to get up out of bed. OxyContin and Percocet were renewed. A genicular block and SI joint block were proposed. Additional physical therapy was also sought. The applicant's work status was not detailed. On July 31, 2015, the applicant reported multifocal complaints of knee, ankle, low back, and hip pain. The attending provider again stated the applicant's pain medications were allowing him to get up out of bed. The applicant was described as having worsened in general. The applicant's pain complaints were, at times, severe and were interfering with day-to-day activities of daily living, including sitting, standing, walking, kneeling, and sleeping, it was reported. Once again, the applicant's work status was not clearly outlined, although it did not appear the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioid hyperalgesia, Weaning of Medications.

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 clearly reported on office visit of July 31, 2015 and September 9, 2015, suggesting the applicant was not, in fact, working. The applicant's pain complaints were described as having worsened on July 31, 2015. The applicant's pain complaints were described as severe on that date. The applicant was described as having difficulty performing activities of daily living as basic as sitting, standing, walking, and kneeling, the treating provider reported on September 9, 2015. The treating provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Percocet usage. The attending provider's commentary on September 9, 2015 to the effect that the applicant would be bedridden without his medications did not constitute evidence of a meaningful or substantive improvement in function derived as a result of ongoing Percocet usage. Therefore, the request was not medically necessary.