

Case Number:	CM15-0200261		
Date Assigned:	10/15/2015	Date of Injury:	08/16/2005
Decision Date:	12/02/2015	UR Denial Date:	09/19/2015
Priority:	Standard	Application Received:	10/13/2015

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 low back pain (LBP) reportedly associated with an industrial injury of August 15, 2005. In a Utilization Review report dated September 19, 2015, the claims administrator failed to approve a request for Percocet. The claims administrator referenced a September 17, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 17, 2015, the applicant reported ongoing complaints of low back pain, 10/ 10 without medications versus 6/10 with medications. The applicant was using a cane to move about. The applicant was using Duragesic and Percocet, it was reported. The applicant was using 6 tablets of Percocet daily, the treating provider reported. The attending provider contended that the applicant would be bedridden without his medications. Duragesic, Percocet, and Zofran were endorsed. It was stated that the applicant was asked to employ Percocet at a heightened dose of 7 tablets a day, the treating provider reported. The applicant was severely obese, with BMI of 36. The applicant was described as "unemployed," it was stated toward the top of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10mg-325mg tab 1-2 tab 4hrs 30 days, Dispense 210 tab: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): 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, the applicant was off of work and unemployed, it was reported on the September 17, 2015 office visit at issue. While the treating provider did recount a reported reduction of pain scores from 10/10 without medications to 6/10 with medications, these reports were, however, outweighed by the applicant's failure to return to work, the applicant's continued difficulty with performing activities of daily living as basic as standing and walking, the applicant's continued reliance on a cane, and the attending provider's failure to identify meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Percocet usage. The attending provider's commentary to the effect that the applicant would be bedridden without his medications did not, in and of itself, constitute evidence of a meaningful, material, and/or substantive benefit achieved as a result of ongoing Percocet usage. Therefore, the request was not medically necessary.