

Case Number:	CM15-0046231		
Date Assigned:	03/18/2015	Date of Injury:	07/18/2000
Decision Date:	04/23/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/11/2015

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 59-year-old [REDACTED] beneficiary who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of July 18, 2000. In a Utilization Review Report dated February 6, 2015, the claims administrator partially approved Percocet while denying Norco outright. The claims administrator referenced a January 29, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On January 29, 2015, the applicant reported 8.5/10 low back pain radiating to the right leg. Ancillary complaints of hip and neck pain were noted. The attending provider stated that standing, sitting, and walking tolerance were all improved as a result of medication consumption. The applicant had returned to fulltime work, the attending provider stated. In another section of the note, the attending provider stated that Norco was weaning in efficacy and that he was therefore rotating over to Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Percocet 10/325mg #240: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Percocet (oxycodone & acetaminophen); Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid hyperalgesia Page(s): 96.

Decision rationale: Yes, the request for Percocet, a short-acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 96 of MTUS Chronic Pain Medical Treatment Guidelines, opioid rotation is an option in applicants who develop hyperalgesia with opioid therapy. Here, the attending provider did suggest that the applicant had developed hyperalgesia with previously prescribed Norco on or around the date of the request, January 19, 2015. The attending provider did seemingly suggest that Norco was waning in efficacy on or around the date of the request. Introduction of Percocet, thus, was indicated, given the applicant's seemingly waning response to previously prescribed Norco. Therefore, the request was medically necessary.

1 prescription of Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid hyperalgesia Page(s): 96.

Decision rationale: Conversely, the request for Norco was not medically necessary, medically appropriate, or indicated here. As noted by the attending provider on January 29, 2015, the applicant had reported a diminished response to ongoing Norco consumption on that date. The attending provider's progress note of January 29, 2015, thus, suggested that the applicant was asked to rotate over to another opioid, Percocet, as suggested on page 96 of the MTUS Chronic Pain Medical Treatment Guidelines. Continuing Norco was not, thus, indicated on or around the date in question. Moreover, it did not appear that the attending provider had in fact suggested that the applicant remain on Norco in the January 29, 2015 progress note. Therefore, the request was not medically necessary.