

Case Number:	CM15-0048058		
Date Assigned:	03/20/2015	Date of Injury:	04/14/2008
Decision Date:	07/23/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/13/2015

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 48-year-old who has filed a claim for chronic pain syndrome, chronic neck pain, and thoracic outlet syndrome reportedly associated with an industrial injury of April 14, 2004. In a Utilization Review report dated February 6, 2015, the claims administrator failed to approve a request for Percocet and partially approved a request for Restoril. The claims administrator referenced a RFA form dated February 7, 2015 in its determination. The applicant's attorney subsequently appealed. On August 18, 2014, the applicant reported ongoing issues with chronic pain syndrome, chronic neck pain, and alleged thoracic outlet syndrome. The applicant was self-procuring medications to include Duragesic patches, it was stated. The applicant had felt depressed, it was acknowledged. The applicant's medication list reportedly included Adderall, Cymbalta, Motrin, Lyrica, oxycodone, and Percocet, it was suggested. The applicant was described as having poor coping skills. Percocet and a psychology referral were endorsed. The applicant was not currently employed, it was acknowledged. The applicant had undergone failed rib resection, scalenectomy, and spinal cord stimulator implantation procedures. On January 23, 2015, the applicant was again given a refill of Percocet. The attending provider stated that the applicant had used Percocet to wean off of previously provided Duragesic. Little- to-no discussion of medication efficacy transpired. On May 19, 2014, the treating provider acknowledged that the applicant remained depressed and was not working. The treating provider maintained that the applicant's opioids were ameliorating ability to perform household chores such as making microwaveable meals. On this progress note, as with several others, there was no mention of the applicant's using Restoril.

IMR ISSUES, DECISIONS AND RATIONALES

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

(2) Prescription of Oxycodone-Acetaminophen 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for oxycodone-acetaminophen (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, as reported on multiple progress notes referenced above. The applicant was not employed, as suggested on several occasions. While the attending provider did state on some occasions that the applicant's medications were beneficial in terms of ameliorating the applicant's ability to perform household chores such as making microwaveable meals, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful or material improvements in function (if any) as a result of ongoing Percocet usage. Therefore, the request was not medically necessary.

(1) Prescription of Restoril 15mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Similarly, the request for Restoril, a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Restoril may be appropriate for "brief periods" in cases of overwhelming symptoms, here, however, the 30-tablet supply of Restoril at issue implies chronic, long-term, and/or scheduled usage of the same, seemingly for sedative effect. This is not, however, an ACOEM-endorsed role for Restoril. Therefore, the request was not medically necessary.