MAXIMUS Federal Services

Case Number:	CM15-0054458		
Date Assigned:	03/27/2015	Date of Injury:	12/04/2009
Decision Date:	05/01/2015	UR Denial Date:	02/21/2015
Priority:	Standard	Application Received:	03/23/2015

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 38-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 4, 2009. In a Utilization Review report dated February 21, 2015, the claims administrator failed to approve a request for Percocet. A RFA form received on February 11, 2015 was referenced in the determination, along with a progress note of December 8, 2014. The applicant's attorney subsequently appealed. In a progress note dated December 1, 2014, the applicant reported ongoing complaints of low back pain status post earlier lumbar fusion surgery. The applicant was described as having minimal pain complaints as of this point in time. 5/5 motor strength was noted. The applicant was asked to try and wean off of Percocet. The applicant was placed off of work, on total temporary disability. The applicant was described as two and half weeks removed from the date of an earlier lumbar fusion surgery. In a progress note dated December 8, 2014, the applicant's pain management physician stated that he would give the applicant prescriptions for morphine and Percocet. It was stated that the applicant was using five to six Percocet daily. Highly variable 5-9/10 pain complaints were reported as of this point in time. The applicant was again placed off of work, on total temporary disability. On December 19, 2014, both morphine and Percocet were again renewed.On April 3, 2015, the attending provider reiterated his request for Percocet. In a March 27, 2015 progress note, the applicant reported 7-10/10 low back pain complaints. The applicant was using H-Wave device, morphine, and Percocet. The applicant was placed off of work, on total temporary disability while Kadian, Percocet, and Horizant were endorsed. A multidisciplinary pain management evaluation was proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #150: Upheld

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

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

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 was off of work, on total temporary disability, as of a March 27, 2015 progress note on which Percocet was renewed. The applicant continued to report pain complaints as high as 7-10/10, despite ongoing Percocet usage. The attending provider failed to outline any meaningful or material improvements in function (if any) effected as a result of ongoing Percocet usage. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.