

Case Number:	CM15-0058374		
Date Assigned:	04/03/2015	Date of Injury:	10/03/2014
Decision Date:	05/06/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/27/2015

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 57-year-old who has filed a claim for chronic low back, neck, and arm pain reportedly associated with an industrial injury of October 3, 2014. In a Utilization Review report dated March 6, 2015, the claims administrator failed to approve a request for Percocet. A progress note dated February 11, 2015 was referenced in the determination, along with an RFA form dated February 28, 2015. The applicant's attorney subsequently appealed. In a handwritten note dated December 23, 2014, difficult to follow, not entirely legible, the applicant reported 7/10 neck and upper back pain complaints. The applicant was asked to pursue physical therapy and transfer care elsewhere. Medication selection and medication efficacy were not detailed. The applicant was given a rather proscriptive 5-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitation in place. On February 11, 2015, the applicant reported ongoing complaints of neck pain status post earlier cervical spine surgery. It was suggested that the applicant was working in one section of the note while another section of the note stated that the applicant was not working as "no work was available." In another section of the note, the applicant's pain complaints were described as severe, worsening, and interfering with the applicant's ability to work. Neck, shoulder, and trapezius pain were noted. Neurontin, Percocet, and Medrol were renewed. A repeat cervical MRI was endorsed. The applicant was still smoking, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10 MG-325 MG Take 1 Tab 2 Times/Day By Mouth 30 Days #60: Upheld

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

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, it was suggested on February 11, 2015. The applicant's pain complaints were described as severe on that date and were, moreover, reportedly interfering with the applicant's ability to work. Activities of daily living as basic as looking up, looking down, twisting, and turning remained problematic. The attending provider failed, in short, to identify any meaningful material improvements in function affected as a result of ongoing Percocet usage (if any). Therefore, the request was not medically necessary.