

Case Number:	CM15-0062537		
Date Assigned:	04/08/2015	Date of Injury:	08/11/2009
Decision Date:	05/12/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	04/02/2015

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 63-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of August 11, 2009. In a Utilization Review report dated March 12, 2015, the claims administrator failed to approve requests for Percocet and Norco. The claims administrator referenced a progress note of December 12, 2014 in its determination. The applicant's attorney subsequently appealed. On August 26, 2014, the applicant reported ongoing complaints of low back pain radiating into bilateral lower extremities, 9/10 without medications versus 6/10 with medications. The applicant was using OxyContin, Norco, and Neurontin, it was acknowledged. The applicant was also using marijuana, it was further noted. The applicant would use Norco as frequently as thrice daily for breakthrough pain. The applicant was given a refill of Norco. The applicant seemingly suggested that he would continue using marijuana, despite the treating provider's advice to eschew the same. In a progress note dated December 12, 2014, the applicant was placed off of work, on total temporary disability. Ongoing complaints of shoulder pain with associated difficulty lifting and reaching overhead were reported. It was noted that the applicant had issues with advanced shoulder arthritis. On January 26, 2015, the applicant reported ongoing complaints of low back pain, 9/10. The applicant stated that standing, walking, and sitting were problematic. The attending provider acknowledged that the applicant was off of work, on total temporary disability. In a handwritten note dated January 23, 2015, Norco, OxyContin, and Neurontin were seemingly renewed. The note was very difficult to follow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 6) When to Discontinue Opioids Page(s): 79.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, immediate discontinuation of opioids has been suggested in applicants who are concurrent using illicit drugs. Here, the applicant was apparently concurrently using marijuana. Discontinuing Norco appeared to be a more appropriate option than continuing the same. Therefore, the request was not medically necessary.

Percocet 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids; 4) On-Going Management Page(s): 80; 78.

Decision rationale: Similarly, the request for Percocet, a second short-acting opioid, was likewise 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, it was acknowledged on several progress notes of late 2014 and early 2015, referenced above. While the attending provider did report some reduction in pain scores effected as a result of ongoing medication consumption, these were, however, outweighed by the applicant's failure to return to work and the attending provider's to outline any meaningful or material improvements in function effected as a result of ongoing Percocet usage. The applicant's continued reports of difficulty lifting and reaching overhead, difficulty standing and walking, etc., coupled with the applicant's failure to return to work, did not make a compelling case for continuation of opioid therapy. It is further noted that page 78 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that the lowest possible dose of opioids should be employed to improve pain and function. Here, the attending provider did not clearly articulate why the applicant needed to concurrent use two separate short-acting opioids, Norco and Percocet. Therefore, the request was not medically necessary.

