

Case Number:	CM15-0112568		
Date Assigned:	06/18/2015	Date of Injury:	12/23/2014
Decision Date:	07/22/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/09/2015

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 [REDACTED] employee who has filed a claim for chronic neck, mid back, low back, shoulder, ankle, and foot pain reportedly associated with an industrial injury of December 23, 2014. In a Utilization Review report dated May 29, 2015, the claims administrator approved requests for Prilosec and naproxen while denying a request for Percocet. The claims administrator referenced a May 18, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On May 18, 2015, the applicant reported ongoing complaints of low back, mid back, foot, ankle, and hand pain. Walking and standing remained problematic, it was acknowledged. The applicant had developed derivative complaints of anxiety, it was reported. The applicant was using Xanax, Percocet, Prilosec, naproxen, Zoloft, and Flexeril, it was incidentally noted. The applicant was having difficulty sleeping at night, it was further noted. Multiple medications were renewed, including naproxen, Prilosec, Flexeril, Percocet, and Xanax. The applicant was placed off of work, on total temporary disability. Custom orthotics were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5-325mg #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 92, 124.

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, it was reported on May 18, 2015. The applicant continued to report difficulty performing activities of daily living as basic as standing and walking, it was acknowledged on that date. The attending provider failed to outline meaningful or material improvements in function (if any) effected as a result of ongoing Percocet usage (if any). Therefore, the request was not medically necessary.