

Case Number:	CM15-0171961		
Date Assigned:	09/14/2015	Date of Injury:	10/17/2011
Decision Date:	10/21/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/01/2015

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] beneficiary who has a filed claim for chronic knee pain reportedly associated with an industrial injury of October 17, 2011. In a Utilization Review report dated August 20, 2015, the claims administrator failed to approve a request for Percocet and Lodine. The claims administrator referenced an August 6, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On an August 10, 2015 RFA form, Percocet, Lodine, Brintellix, and Lyrica were sought. In an associated progress note of August 6, 2015, the applicant reported severe back pain radiating to the right leg with ancillary complaints of knee pain and instability. 4/10 pain with medications versus 10/10 pain without medication was reported. The applicant remained very depressed, it was reported. The attending provider stated that the applicant's medications were beneficial in terms of reducing his pain scores by 50%. The attending provider also suggested that applicant's functionality had been ameliorated as a result of ongoing medication consumption, but did not elaborate further. Multiple medications were refilled. The applicant's work status was not detailed. On July 9, 2015, the applicant reported ongoing complaints of low back and knee pain with derivative complaints of depression. The applicant was given a rather proscriptive 10-pound lifting limitation. Once again, it was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. In a July 6, 2015 mental health note, the applicant stated he had issues with anxiety, chronic pain, panic attacks, irritability and anger. The applicant stated that he could not work and had developed issues with ensuing psychological stress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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, the applicant's psychologist reported on July 6, 2015. The applicant reported severe back and leg pain on August 6, 2015. While the attending provider did recount a reported reduction in pain scores effected as a result of ongoing medication consumption, these reports were, however, outweighed by the applicant's failure to return to the work and the attending provider's failure to identify meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Percocet usage. Therefore, the request is not medically necessary.

Lodine 400mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

Decision rationale: Similarly, the request for Lodine, an anti-inflammatory medication, is likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guideline does acknowledge that anti-inflammatory medications such as Lodine do represent the traditional first-line treatment for various chronic pain complaints, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant remained off of work, it was reported on July 6, 2015. Severe pain complaints were reported on August 6, 2015, apparently necessitating usage of cane. Ongoing usage of Lodine failed to curtail the applicant's dependence on opioid agents such as Percocet, it was acknowledged on August 6, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request is not medically necessary.

