

Case Number:	CM15-0173561		
Date Assigned:	09/15/2015	Date of Injury:	03/18/2010
Decision Date:	10/22/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/03/2015

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 59-year-old who has filed a claim for chronic low back, neck, hip, thigh, and wrist pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of March 18, 2010. In a Utilization Review report dated September 1, 2015, the claims administrator failed to approve a request for Percocet. A July 24, 2015 date of service and an associated RFA form of August 21, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On September 1, 2015, the attending provider acknowledged that the applicant was using Percocet at a rate of 7-8 times a day. Multifocal complaints of neck pain, mid back pain, shoulder pain, and headaches were reported, highly variable, 5-8/10. Percocet was renewed. In another section of the note, the attending provider stated that Percocet was reducing the applicant's pain scores from 6/10 without medications to 4/10 with medications. In one section of the note, it was suggested that the applicant was currently working with limitations in place, although it was unclear as to whether this represented a historical carryover from previous visits as large portions of the note appeared to have been outdated. Toward the bottom of the note, it was stated that the applicant was retired. Percocet was apparently continued. On July 13, 2015, the applicant reported ongoing complaints of neck and low back pain with associated upper extremity paresthesias. The applicant was not able to perform home exercises owing to intolerance. The applicant was asked to remain off of work, it was stated toward the bottom of the note, having retired. A July 24, 2015 progress note was notable for commentary to the effect that the claimant's neck, mid back, low back, and bilateral shoulder pain complaints were seemingly worsened. Again, the note was very

difficult to follow as it mingled historical issues with current issues. Percocet and Lidoderm patches were renewed. The applicant was not working, it was acknowledged at the bottom of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #240: 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, it was seemingly acknowledged on multiple office visits, referenced above, including on July 24, 2015, July 30, 2015, and on September 1, 2015 while sections of the attending provider's September 1, 2015 and July 24, 2015 progress note suggested that the claimant was reporting a subjective reduction in pain complaints from ongoing Percocet usage, these reports were, however, outweighed by the claimant's failure to return to 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 was not medically necessary.