

Case Number:	CM15-0175906		
Date Assigned:	09/17/2015	Date of Injury:	03/26/1994
Decision Date:	10/27/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/08/2015

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 69-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 26, 1994. In a Utilization Review report dated August 7, 2015, the claims administrator partially approved a request for Percocet, seemingly for weaning and/or tapering purposes. An RFA form received on August 3, 2015 and an associated progress note of July 22, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On September 3, 2015, the claimant presented to obtain an intrathecal pain pump refill. The applicant was using 3-4 Percocet daily in addition to intrathecal opioids. The attending provider stated the applicant's pain scores were reduced to 50% as a result of ongoing medication consumption. The attending provider stated that the applicant would be unable to perform household chores or other unspecified activities of daily living as a result of ongoing medication consumption. The attending provider contended that the applicant would be unable to wash her dishes without her medications. Percocet and intrathecal Dilaudid were renewed. The applicant's work status was not detailed, although it did not appear that the applicant was working. On July 22, 2015, the applicant reported ongoing complaints of low back pain status post earlier failed spine surgery and status post earlier intrathecal pain pump implantation. 4/10 pain complaints were noted. The applicant was on Percocet for pain relief. Intrathecal Dilaudid and oral Percocet were endorsed. Once again, the applicant's work status was not detailed, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325 MG #180 with 2 Refills: 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's work status was not reported on office visits of July 22, 2015 and September 3, 2015, suggesting that the applicant was not working. While the attending provider recounted a 50% reduction in pain scores reportedly effected as a result of ongoing opioid usage on September 3, 2015, these reports were, however, outweighed by the attending provider's failure to recount the applicant's work status, the applicant's seeming failure to return to work, and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing opioid usage, including ongoing Percocet usage. The attending provider's commentary to the effect that the applicant's ability to wash her dishes as a result of ongoing medication consumption on September 3, 2015 did not constitute evidence of a substantive improvement in function achieved as a result of ongoing Percocet usage. Therefore, the request was not medically necessary.