

Case Number:	CM15-0020113		
Date Assigned:	02/09/2015	Date of Injury:	04/28/2011
Decision Date:	07/16/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/03/2015

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 49-year-old who has filed a claim for chronic neck, shoulder, and low back pain reportedly associated with an industrial injury of April 28, 2011. In a Utilization Review report dated January 8, 2015, the claims administrator failed to approve a request for oxycodone-acetaminophen (Percocet). The claims administrator did apparently issue a partial approval, it was suggested. A January 5, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In a handwritten note dated January 5, 2015, the attending provider stated that the applicant needed to continue Percocet at a rate of four times daily. The applicant reported 8/10 pain without medications versus 3/10 pain with medications. The attending provider stated that the applicant had no side effects. Overall commentary was sparse. The note was handwritten. The applicant's work and functional status were not outlined. In a December 15, 2014 progress note, the applicant was placed off of work, on total temporary disability. The note was very difficult to follow and not altogether legible. Percocet and/or Norco were seemingly endorsed. Currently (12/15/2014), the injured worker complains of pain in the neck with radiation to the arms. She awaits surgery approval. Objective findings are that the worker is maintaining the status quo. In a note of 01/05/2014, the provider notes that the worker's pain before medication is 8/10; the pain after medication is 3/10. The specialist note of 09/10/2014 describes severe symptoms of pain in the neck with radiation of pain down both extremities causing numbness. The pain is worse while in an upright position and she has marked limitation of motion in the cervical spine in all directions. The radicular symptoms are worse on the right side as compared to the left side. The plan as of the 12/15/2014

visit is for pain meds, and the worker is to stay off work with a follow up in 6 weeks. A prior request for authorization for corrective cervical spine surgery has been made at an earlier date. A request for authorization is made for Oxycodone/APAP 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone/APAP 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 acknowledged on December 15, 2014. While the attending provider did subsequently report in January 2015 that the applicant's pain scores were reduced from 8/10 without medications to 3/10 with medications, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful or material improvements in function as a result of ongoing Percocet usage (if any). Therefore, the request was not medically necessary.