MAXIMUS Federal Services

Case Number:	CM15-0074300		
Date Assigned:	04/24/2015	Date of Injury:	01/03/2002
Decision Date:	05/21/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/20/2015

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 60-year-old who has filed a claim for chronic neck, low back, and bilateral shoulder pain reportedly associated with an industrial injury of January 3, 2002. In a Utilization Review report dated April 7, 2015, the claims administrator failed to approve a request for Percocet. A March 13, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On a RFA form dated March 17, 2015, Norco was endorsed for ongoing complaints of neck, low back, and shoulder pain. In an associated progress note dated March 5, 2015, the applicant reported multifocal complaints of neck, shoulder, and low back pain. The applicant was pending an epidural steroid injection. Norco was prescribed. The applicant was asked to follow up in five weeks. The applicant apparently received a lumbar epidural steroid injection on March 25, 2015. On March 4, 2015, the attending provider suggested that the applicant would receive a refill of Percocet for ongoing complaints of neck pain. Once again, the applicant's work status was not detailed. Little-to-no discussion of medication efficacy transpired. The applicant's complete medication list was not detailed. It was stated that the applicant was using both Percocet and Lyrica. The attending provider who furnished Percocet was, it is incidentally noted, different provider than the provider who prescribed Norco. In a April 15, 2015 RFA form, Norco, Ambien, and Soma were endorsed, along with a Toradol shot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325 mg, 75 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management; 7) When to Continue Opioids Page(s): 78; 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 78 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants should obtain opioid prescription for a single practitioner and a single pharmacy. Here, however, the applicant was receiving Percocet from one prescriber and Norco from another. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider and/or applicant employ the lowest possible dose of opioid as needed to improve pain and function. Here, however, clear or compelling rationale was not set forth for concurrent use of two separate short-acting opioids, Percocet and Norco. Page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, furthermore, stipulates that 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, the applicant's work status was not furnished on multiple office visits, referenced above, suggesting that the applicant was in fact off of work. Multiple progress notes of early 2015, furthermore, failed to outline any meaningful or material improvements in function (if any) effected as a result of ongoing Percocet usage. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.