

Case Number:	CM15-0094261		
Date Assigned:	05/20/2015	Date of Injury:	04/12/2001
Decision Date:	06/24/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/15/2015

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 52-year-old who has filed a claim for chronic neck, low back, and foot pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of April 12, 2001. In a utilization review report dated April 16, 2015, the claims administrator failed to approve a request for Percocet. The claims administrator referenced an RFA form received on April 10, 2015 and associated progress note of April 8, 2015 in its determination. The applicant's attorney subsequently appealed. On May 13, 2015, the applicant reported ongoing complaints of low back and neck pain with derivative complaints of sleep disturbance and mood disorder. The applicant was on Ambien, Cymbalta, Percocet, Soma, tramadol, Valium, and Voltaren Gel, it was acknowledged. The applicant was off of work, on total temporary disability, it was reported in the social history section of the note. The applicant was still smoking every day, it was acknowledged. Percocet and Voltaren were apparently renewed. The applicant had undergone earlier failed spine surgery, it was incidentally noted. Epidural steroid injection therapy was sought. The applicant's pain complaints were scored as severe, it was stated toward the top of the report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10mg-325 x 135, refill 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Title 8, California Code of Regulations, (Effective July 18, 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) 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, as of May 13, 2015. The applicant reported severe pain complaints on that date. The attending provider 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.