

Case Number:	CM15-0097623		
Date Assigned:	05/28/2015	Date of Injury:	09/05/2006
Decision Date:	07/02/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/20/2015

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 56-year-old who has filed a claim for chronic low back reportedly associated with an industrial injury of September 5, 2006. In a Utilization Review report dated May 6, 2015, the claims administrator failed to approve a request for Percocet. RFA form received on May 1, 2015 was referenced in the determination, along with an order form dated April 16, 2015. The applicant's attorney subsequently appealed. On January 15, 2015, the applicant reported ongoing complaints of low back pain, 3/10, constant. The applicant was using Percocet and Pamelor. The applicant did have ancillary issues including psoriasis, headaches, restless leg syndrome. The applicant had undergone an earlier failed lumbar spine surgery, it was reported. Percocet was renewed, as were the applicant's permanent work restrictions. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. On April 16, 2015, the applicant reported 3 to 4/10 low back and left leg pain. The attending provider stated that Percocet and elbow were reducing the applicant's leg pain complains, certain activities such as bending remained particularly problematic. Medications and permanent work restrictions were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, 4 times a day as needed, #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Acetaminophen (APAP).

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's work status was not clearly articulated on progress notes on April 16, 2015 and January 15, 2015, referenced above, although it did not appear that the applicant was working with permanent restrictions in place. While the attending provider stated that the applicant's medications were beneficial, the attending provider failed to outline specific functions or activities, which had been ameliorated as a result of ongoing medication consumption, including ongoing Percocet usage. Therefore, the request was not medically necessary.