

Case Number:	CM15-0098646		
Date Assigned:	06/01/2015	Date of Injury:	04/26/2007
Decision Date:	07/02/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/22/2015

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 40 year old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 26, 2007. In a Utilization Review report dated May 7, 2015, the claims administrator failed to approve a request for Percocet and Relafen. The claims administrator referenced a RFA form received on May 5, 2015 in its determination. The applicant's attorney subsequently appealed. In a RFA form dated June 4, 2015, Percocet and Relafen were renewed. In a May 27, 2015 appeal letter, the attending provider maintained that ongoing medication consumption was proving beneficial as evinced by the applicant's reported return to work. The attending provider cited a variety of guidelines, including the now renumbered, now revised MTUS 9792.20f. In a progress note dated April 20, 2015, the applicant reported ongoing complaints of low back pain. The attending provider stated that ongoing usage of Relafen and Percocet were ameliorating the applicant's ongoing pain complaints as suggested by the applicant's apparent return to full-time work. Percocet and Relafen were again endorsed. The attending provider suggested that the applicant consider Botox injections. On February 24, 2015, the attending provider maintained that the applicant's pain complaints were reduced by ongoing usage of Percocet and that ongoing usage of Percocet was ameliorating the applicant's ability to work on a full-time basis. The attending provider reiterated that the applicant was working at this point.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #60 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80, 81. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Yes, the request for Percocet, a short acting opioid, was medically necessary, medically appropriate, and 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, the applicant had apparently returned to and/or maintained full-time, regular duty work status; it was reported on several occasions, referenced above. The applicant was deriving appropriate analgesia with ongoing Percocet usage. The attending provider maintained that ongoing use of Percocet was ameliorating the applicant's ability to perform both work and non-work activities of daily living. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

Relafen 750mg #60 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 47, Chronic Pain Treatment Guidelines Functional improvement. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Similarly, the request for Relafen, an anti-inflammatory medication, was likewise medically necessary, medically appropriate, and indicated here. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Relafen do represent the traditional first line of treatment for various chronic pain complaints, including the chronic low back pain reportedly present here. The applicant had, as suggested by the treating provider, returned to and/or maintained full-time, regular duty work status as a result of ongoing medication consumption, it was suggested above. Continuing Relafen in the face of the same, was, thus, indicated. Therefore, the request was medically necessary.