

<b>Case Number:</b>	CM13-0021378		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	08/19/2012
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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. The expert reviewer is Board Certified in Anesthesiology has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this patient reported with an 8/19/12 date of injury. At the time (8/20/13) of request for authorization for Percocet 10/325MG #180 with 1 refill, there is documentation of subjective (right knee pain, tingling around the top of right foot, knee sensitive to touch, and swelling around the right patella) and objective (pain behaviors, antalgic gait, and appears depressed) findings, current diagnoses (reflex sympathetic dystrophy lower limb, acute stress reaction, and anxiety), and treatment to date (medications (including ongoing treatment with Percocet to manage her pain and maintain level of function)). Medical report identifies that patient feels her current pain medications are not providing adequate pain control. There is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Percocet use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PERCOCET 10/325MG #180 WITH 1 REFILL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines WHEN TO CONTINUE OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS  
Page(s): 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Percocet use to date. Within the medical information available for review, there is documentation of a diagnosis of reflex sympathetic dystrophy lower limb. In addition, there is documentation of ongoing treatment with Percocet to manage pain and maintain level of function. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation that patient feels her current pain medications are not providing adequate pain control, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Percocet use to date. Therefore, based on guidelines and a review of the evidence, the request for Percocet 10/325MG #180 with 1 refill is not medically necessary.