

<b>Case Number:</b>	CM13-0032188		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	09/08/2012
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine 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 physician 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:

The patient is a 39-year-old male who reported injury on 09/08/2012. The mechanism of injury was not provided. The patient was noted to have a lumbar fusion on 10/08/2013 and was noted to be using Percocet for postoperative pain. The patient's pain level was noted to have increased since the last visit and the pain level was noted to be 7/10 to 8/10 and with medications it was noted to be decreased to 4/10. The patient's activity level was noted to be decreased. The patient was noted to be taking medications as prescribed. The diagnosis was noted to be repetitive strain injury, myofascial pain syndrome, cervical and LS sprain/strain, and right S1-LS radiculopathy. The request was made for Percocet 5/325 mg #100.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 5/325mg #100:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 75 & 78.

**Decision rationale:** The California MTUS Guidelines recommend short acting opioids, including Percocet for controlling chronic pain and that for on-going management there should

be documentation of the 4 A's, analgesia, activities of daily living, adverse side effects and aberrant drug behavior. The office note dated 11/06/2013, revealed that the patient had a temporary increase to the Norco to 10/325 mg for postoperative pain. It was noted the patient was using Percocet 5/325 mg once daily for post-op pain with no refill. The patient's pain was noted to be 7/10 to 8/10 with medications decreased to 4/10. The patient's activity level was noted to be decreased temporarily due to surgery. There was lack of documentation of adverse side effects. However, as per the documentation from the prior visit, the patient's analgesia, activities of daily living, and adverse side effects were documented. Given the above, the request for Percocet 5/325 mg #100 was medically necessary for the prior office visit.