

<b>Case Number:</b>	CM13-0042307		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/30/1996
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 52-year-old who reported an injury on 04/30/1996. The patient had been seen regularly for complaints of burning in the feet, as well as chronic pain in the right foot and right ankle. The patient has rated his pain on a scale of 4/10 with medication and a 10/10 without medication, with the most recent documentation indicating that the patient's pain is usually a 3/10 to 4/10 with medications and a 10/10 without medications. The patient has a history of liver cirrhosis, constrictive pericarditis, left knee pain, arthritis, and pain in the right foot. The patient states he needs rescue medication at various times of the day for adequate pain control. The patient does deny excess drowsiness and drives and walks with a cane/walker independently, as well as performs ADLs (activities of daily living). The patient does have a narcotics contract in chart, and is compliant and responsible with his medication. The patient has been utilizing oral medications since at least 2012 to help reduce his pain and discomfort in relation to his injury. On review of the systems, the patient has pain and tingling, numbness, burning, and skin color changes and phantom pain in the right foot. The patient has a surgical history of arthroscopic surgery of the left knee, multiple surgeries on the right foot, and transmetatarsal amputation of the right foot. He also underwent a cardiac cath in 1961 that was normal and a lumbar discectomy in 2004. The physician is now requesting Percocet 10/325 mg, a total of 180.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325 mg, 180 count:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids Section Page(s): 74-96.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, it states that ongoing management of opioids includes prescriptions from a single practitioner taken as directed, with all prescriptions from a single pharmacy. The patient should also be taking the lowest possible dose to be prescribed to improve pain and function. In the office visits, ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be documented. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids, to include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. In the case of this patient, he has been utilizing Percocet since at least 2012. The documentation notes that he has had ongoing pain relief with the use of his medications. He was also noted to have a pain contract/narcotic contract in chart. Lastly, the patient has been noted to be compliant and responsible with his medications. As noted in California MTUS Guidelines, medications should not be abruptly discontinued as far as opioids are concerned. Therefore, the requested service for Percocet 10/325mg #180 is considered appropriate with the ongoing documentation of objective measurements pertaining to its effectiveness. The request for Percocet 10/325 mg, 180 count, is medically necessary and appropriate.