

<b>Case Number:</b>	CM13-0060320		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/09/1999
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 & Rehabilitation and is licensed to practice in Texas. 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 43-year-old male who reported injury on 04/09/1999. The mechanism of injury was not provided. The patient's medication history included Percocet, Trazodone, Colace, Cymbalta, and Latuda. The patient had been on Percocet for more than one year. The patient's diagnoses were noted to include traumatic brain injury with chronic headaches. The documentation of 09/05/2013 revealed the Percocet helped the patient's headaches and helped his ability to be stable. It was indicated the patient could do some things with the kids and help a little bit around the house. The request was made for Percocet with 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Percocet 10/325mg #300 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, and, ongoing management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

**Decision rationale:** California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side

effects. The patient had been on the medication for more than one year. The clinical documentation submitted for review indicated the patient had neck pain and headaches. The patient indicated that the Percocet helped with the headaches and helped his ability to be stable and the patient was able to do some things with the kids and help a little bit around the house. The patient's urine drug screen was noted to be appropriate. However, there was a lack of documentation of objective functional benefit and an objective decrease in the VAS score and there was a lack of documentation regarding side effects. The request as submitted failed to indicate a necessity for 1 refill without re-evaluation. Given the above, the request for 1 prescription of Percocet 10/325mg #300 with 1 refill is not medically necessary.