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| <b>Case Number:</b>   | CM13-0064844 |                              |            |
| <b>Date Assigned:</b> | 01/03/2014   | <b>Date of Injury:</b>       | 05/02/2000 |
| <b>Decision Date:</b> | 08/12/2014   | <b>UR Denial Date:</b>       | 11/14/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/12/2013 |

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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:

The injured worker is a 53-year-old male who was reportedly injured on May 2, 2000. The mechanism of injury was falling 8 to 10 feet off of a forklift. The most recent progress note dated November 8, 2013, indicated that there were ongoing complaints of neck pain, headaches, as well as numbness and tingling in the left arm and left leg. Current medications include OxyContin, Percocet, Dilantin and ibuprofen. The physical examination demonstrated tenderness over the right and left paravertebral muscles. There was tenderness over the greater trochanteric, although it was not stated which one. Neurological examination revealed decreased sensation at the left upper extremity below the elbow. The treatment plan included refills of OxyContin, and Percocet. Diagnostic imaging studies reported a compression fracture of the L1 and L2 vertebrae. A magnetic resonance image of the cervical spine was normal. Previous treatment included chiropractic care and physical therapy. A request had been made for Percocet and was not certified in the pre-authorization process on November 14, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 PERCOCET 10/325MG WITH TWO REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93.

**Decision rationale:** According to the medical record, the most recent progress note dated November 8, 2013, stated that Percocet moderately controls the injured employee's pain symptoms. Current dosing of Percocet was stated to be twice per day in addition to the usage of OxyContin. The refill request on this date stated that Percocet was prescribed one tablet as needed every six hours. This has essentially doubled the injured employee's currently prescribed dose. Without additional justification why the injured employee's dosage of Percocet was doubled, this request for 60 tablets of Percocet 10/325 with two refills is not medically necessary.