

<b>Case Number:</b>	CM13-0067415		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/13/2012
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 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 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 52-year-old male who reported an injury on 09/13/2012. The mechanism of injury was the injured worker was pinned by a large piece of heavy equipment. The medication history included opiates as of 11/06/2012. Prior treatments included physical therapy and medications. The injured worker received 3 level facet joint injections. The documentation indicated when the injured worker was leaning forward and backward, and the pain was worse. The injured worker's pain level remained unchanged. The injured worker complained of back pain. The pain was increased with coughing and sneezing. The injured worker's pain was 7/10 for the least severe pain and usual pain was 8/10. It was indicated this was in spite of taking Percocet and Fentanyl. The injured worker refused to give a urine drug screen on 11/13/2013. The injured worker's opioid risk tool assessment was 11, which was high risk, on 05/28/2013. Current medications included Fentanyl 50 mcg per hour 1 patch to skin every 72 hours, Percocet 10/325 mg 1 to 2 tablets not to exceed 4 per day, Tegaderm film to apply over the Fentanyl patches, Aleve tablets, and ibuprofen 200 mg tablets. The diagnoses included chronic pain syndrome, degeneration of the lumbar or lumbosacral intervertebral discs, lumbago, pain in joint forearm, other specified idiopathic peripheral neuropathy, obesity unspecified, and dietary surveillance and counseling. The treatment plan included to decrease the Fentanyl patches every 72 hours to 25 mcg per hour and to refill the Percocet tablets 10/325 mg 1 to 2 tablets orally not to exceed 4 per day. the physician documented the discussion with the injured worker included the 4 As of analgesia, activities of daily living, side effects, and aberrant drug taking behaviors. A pill count was performed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PERCOCET 10/325 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,. Decision based on Non-MTUS Citation ODG-TWC, ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic) (updated 11/14/13).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN; ON-GOING MANAGEMENT Page(s): 60, 78.

**Decision rationale:** The California MTUS Guidelines indicate that opioids are appropriate for the treatment of chronic pain. There should be documentation of objective functional improvement, and objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the physician discussed the 4 A's with the injured worker. However, there was a lack of documentation indicating the injured worker had objective functional improvement and an objective decrease in pain as it was indicated the injured worker's pain was worse. The clinical documentation indicated the injured worker had been utilizing the medication for at least 1 year. The request as submitted failed to indicate the frequency and quantity of medication being requested. Given the above, the request for Percocet 10/325 mg is not medically necessary.