

<b>Case Number:</b>	CM14-0003033		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	06/22/2010
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 patient is a 34 year old male who sustained an industrial injury on 06/22/2010. Prior treatment history has included Percocet 10/325, Gabapention b.i.d., Lidoderm patches, Omeprazole and Temazepam. The patient underwent surgery for clavicle fracture on the right side with subsequent hardware; right shoulder Superior Labrum Anterior and Posterior repair on 08/12/2013. PR2 dated 01/09/2014 indicates the patient presents with shoulder problems, back pain radiating down to the lower extremity, worse on the left side. He continues to have chest area, back, neck and upper extremity pains. He continues to have a lot of pain when he is doing the exercises for physical therapy. On exam, there is moderate bilateral moderate tenderness of the lumbar spine with pain. Range of motion is restricted by pain. He felt most of his pain in the left low back and felt weakness and tingling on the left leg. His strength is 5-/5 with his left knee flexion and extension. Lower extremity exam revealed an antalgic gait and guarding. There was no swelling present. Prior UR dated 12/13/2013 states the request for Percocet 10/325 is non-certified as its effectiveness or ineffectiveness is not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF PERCOCET 10/325MG, #210:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS (WHEN TO DISCONTINUE),. Decision based on Non-MTUS Citation ODG TWC 2013 Pain, When to Discontinue Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, criteria for use Page(s): 75-94.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, the guidelines also note that opioids may be efficacious for short-term use, but the efficacy of long-term use is limited. Opioids are not indicated for chronic neck pain or neuropathic pain as a first line treatment. Prolonged use of opioid leads to increased risk of dependence, comorbidity and mortality. Attempts should be made to emphasize analgesic adjuvants for chronic and neuropathic pain such as TCA like Nortriptyline, SNRI anti-depressants like Duloxetine, or anticonvulsants like Gabapentin as a further attempt to control the pain and to facilitate the weaning of the patient off of opioids. The medical record does not document functional improvement with Percocet and the emphasis should be placed on using adjuvant analgesic to help weaning of opioid; therefore, the medical necessity of Percocet has not been established. Weaning is advised to avoid withdrawal symptoms. The request is not medically necessary and appropriate.