

<b>Case Number:</b>	CM14-0112021		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/28/2011
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 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 records, presented for review, indicate that this 43-year-old female was reportedly injured on July 28, 2011. The mechanism of injury was noted as a slip and fall down the stairs. The most recent progress note, dated June 26, 2014, indicated that there were ongoing complaints of right shoulder pain and low back pain. Current medications included ibuprofen, Flexeril, amitriptyline, and Percocet. Pain was rated at 9/10 to 10/10 without medications and 6/10 to 9/10 with medications. The physical examination demonstrated tenderness of the lumbar spine paraspinal muscles and increased pain with flexion and extension. There was a positive right-sided straight leg raise test. Examination of the right shoulder noted tenderness about the shoulder and in the periscapular region. There was full range of motion but pain with abduction. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included oral medications. A request had been made for Percocet 10/325 and was not certified in the pre-authorization process on July 8, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg, # 100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

**Decision rationale:** Percocet is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain after a work-related injury on July 28, 2011, however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Percocet 10/325 is not considered medically necessary.