

<b>Case Number:</b>	CM14-0158823		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	02/24/2003
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 66-year-old female with an injury date of 02/24/2003. According to the 08/18/2014 progress report, the injured worker complains of having right ankle and foot pain. She rates her pain as a 9/10 and controls it by using Percocet as well as Voltaren gel over that area with some positive benefit. She ambulates with the aid of a cane and has a 2+ palpatory tenderness over the right anterior and lateral ankle area to include the ankle mortise antalgia or tibial areas. She has some restriction of plantar flexion and dorsiflexion of the right foot and forced inversion does increase her subjective pain complaints. The 07/21/2014 report states that the injured worker ambulates with a mild limp to the right lower extremity. She also notices that her right arm shakes at this juncture. The injured worker's diagnoses include the following: 1. Depression. 2. Ankle sprain. 3. Foot sprain. 4. Neuropathy, upper extremity. 5. Sprain of foot, unspecified. The utilization review determination being challenged is dated 09/25/2014. Treatment reports were provided from 12/07/2013 - 08/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for one (1) prescription of Percocet 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 88-89, 76-78.

**Decision rationale:** According to the 08/18/2014 progress report, the injured worker complains of having right ankle pain and foot pain. The request is for Percocet 10/325 mg #180. The injured worker has been taking Percocet as early as 04/02/2014. The 04/02/2014 states that the injured worker's pain is controlled reasonably well with Percocet pain medication. The 07/21/2014 report states, "She is using both Voltaren gel and Percocet pain medication without side effect." "She describes her pain as 6/10 to 7/10 in severity, depending upon level of activity." The 08/18/2014 report states, "She describes the subjective pain is 9/10 in severity at times. This is reasonably controlled with Percocet pain medication which she takes without side effect." MTUS Guidelines page 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. In this case, the treating physician does not discuss any changes in ADLs the injured worker has had. The injured worker clearly has no side effects/adverse behavior; however, there is no change in pain scale. The treating physician does not discuss opiate management issues such as urine toxicology and potential aberrant behavior. The request for Prospective Request For One (1) Prescription of Percocet 10/325mg #180 is not medically necessary.