

<b>Case Number:</b>	CM14-0166212		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	11/12/2007
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 Management and is licensed to practice in Tennessee. 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:

This is a 66-year-old male with an 11/12/07 date of injury. The mechanism of injury occurred when he tripped over a parking curb bumper and fell onto his left side, injuring his left arm and left elbow. According to a progress report dated 8/19/14, the patient reported that he has had "a heck of time" with his gall bladder and emergency surgery, but is back to near normal for him. Objective findings: full range of motion of left shoulder, left upper extremity, wrist, and grip strength is 5/5 and abduction of the small finger is 5/5, but adduction is 4/5. Diagnostic impression: chronic pain, neuropathic pain, rheumatoid arthritis, ulnar neuropathy, left shoulder pain. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 9/24/14 denied the request for Percocet. The clinical documentation does not show ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 5/325 mg 1 q 8 hrs # 100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, given the 2007 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Therefore, the request for Percocet 5/325 mg 1 q 8 hrs # 100 was not medically necessary.