

<b>Case Number:</b>	CM14-0040678		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	01/12/2001
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has a filed a claim for chronic reflex sympathetic dystrophy and diabetic neuropathy reportedly associated with an industrial injury of January 12, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; opioid therapy; transfer of care to and from various providers in various specialties; and spinal cord stimulator implantation. In a utilization review report dated March 20, 2014, the claims administrator failed to approve a request for Percocet, #100, partially certifying 60 tablets for weaning purposes. The applicant's attorney subsequently appealed. On November 8, 2013, the applicant was described as permanent and stationary with persistent complaints of left upper extremity pain, sharp, throbbing, constant, and burning. 5 to 6/10 pain was noted. The applicant stated that her pain levels without medications was 9/10 and reduced to 5 to 6/10 with medications. The applicant's medication regimen included Percocet, Lyrica, Lidoderm, and Topamax. The applicant was using Protonix for dyspepsia. The applicant stated that her overall level of pain relief was "40%" with current medications. The applicant stated that she was able to perform activities of daily living, which included making her bed, cleaning her room, cooking, cleaning, self care, personal hygiene and ambulating with ongoing opioid therapy. The applicant stated that she would not be able to perform these activities without Percocet usage. The applicant underwent spinal cord stimulator reprogramming on this occasion. In a March 10, 2014 progress note, the applicant again stated that her pain level is 5/10 with medications and 10/10 without medications and that ongoing usage of medications, including ongoing Percocet usage were ameliorating her ability to cook, clean, perform self care, personal hygiene, household chores, and use her arm to some degree. Permanent work restrictions were renewed. It did not appear that that applicant was working with said permanent limitations in place.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 5/325 mg #100:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 68, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful to return to work, improved functioning, and/or reduced pain achieved as a result of ongoing opioid therapy. In this case, the applicant does report reduction in pain levels from 10/10 to 5/10 with Percocet usage. The applicant states that ongoing usage of Percocet usage has ameliorated her ability to use the impacted arm, cook, clean, perform self-care, personal hygiene, lift, etc. Continuing Percocet, on balance, does appear to be indicated, although it does not appear that the applicant has returned to work with permanent limitations in place. Therefore, the request is medically necessary.