

<b>Case Number:</b>	CM14-0041153		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/06/2002
<b>Decision Date:</b>	08/13/2014	<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 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 injured worker is a 47-year-old female who reported an injury on 04/19/2002 due to an unknown mechanism. The documentation for the injured worker was not made available indicating an initial diagnosis, any surgeries, the course of therapy and treatment under conservative care or prescriptions. The injured worker saw her physician on 02/05/2014. The injured worker complained of bilateral lower extremity pain at a 7/10 on the pain scale. The injured worker reported pain rated 4/10 when taking medications and pain rated 8/10 when not taking her medications. She stated that it took 30 minutes for her Percocet to bring her pain levels down. She further noted that the Norco was able to decrease her pain to 6/10. The injured worker reported performing activities of daily living without any difficulties. She went to the gym 3 times a week and walked on the treadmill 2 miles. The injured worker had returned to work without any restrictions but ceased going after a psychiatric incident while at work. The injured worker's medications included Percocet, Norco, Zanaflex, Ambien and Wellbutrin. The physician noted that the injured worker ambulated well with no acute distress. The injured worker was diagnosed with bilateral plantar fasciitis, bilateral knee pain, bilateral calf cramping, depression and insomnia secondary to chronic pain issues. The physician saw the injured worker again on 02/25/2014. The injured worker arrived 1 week early, asking for a refill of Percocet. She stated that she was taking Percocet 2 times per day instead of the prescribed 1 dose per day to alleviate the pain to her feet bilaterally. The physician stated that she would not increase the Percocet. The injured worker stated that she had received chiropractic care at an earlier date and noted improvement to pain and activities of daily living. The physician obtained a urine drug screen at this visit; however, the results were not provided within the medical records. The physician was requesting Percocet 10/325 mg 30 tablets and Norco 5/325 mg 30 tablets. A

Request for Authorization form was submitted on 02/26/2014 and listed pain in the limbs as the rationale.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Percocet 10/325 #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78, 79.

**Decision rationale:** The request for Percocet 10/325 mg for 30 tablets is not medically necessary. The California MTUS Guidelines recommend routine office visits and detailed documentation of the extent of pain relief, functional status in regards to activities of daily living, appropriate medication use and/or aberrant drug-taking behaviors and adverse side effects for the ongoing management of injured workers taking opioid medications. The physician has documented that the injured worker has a standard pain level of a 7/10 during the day. The physician further reports that with medication, pain is reduced to a 4/10 and increases to an 8/10 without medication, taking 30 minutes for the effects of Percocet to alleviate pain. The injured worker states that she is able to perform activities of daily living without restrictions and had returned to work early with no restrictions until a psychiatric incident at work occurred. The injured worker has indicated that there are no side effects in taking this medication, pain levels are reduced, and activities of daily living are improved. However, the injured worker presented for a refill of Percocet one week early and reported she was taking more than the prescribed dosage. There is an absence of documented results for scheduled urine drug screens to verify compliance and the possibility of aberrant drug behaviors. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.

**Norco 5/325 #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78-79.

**Decision rationale:** The request for Norco 5/325 mg for 30 tablets is not medically necessary. The California MTUS Guidelines recommend routine office visits and detailed documentation of the extent of pain relief, functional status in regards to activities of daily living, appropriate medication use and/or aberrant drug-taking behaviors and adverse side effects for the ongoing management of injured workers taking opioid medications. The physician has documented that the injured worker has a standard pain level of a 7/10 during the day. The

physician further reports that with medication, pain is reduced to a 4/10 and increases to an 8/10 without medication, taking 30 minutes for the effects of Percocet to alleviate pain. The injured worker states that she is able to perform activities of daily living without restrictions and had returned to work early with no restrictions until a psychiatric incident at work occurred. The injured worker has indicated that there are no side effects in taking this medication, pain levels are reduced, and activities of daily living are improved. However, the injured worker presented for a refill of Percocet one week early and reported she was taking more than the prescribed dosage. There is an absence of documented results for scheduled urine drug screens to verify compliance and the possibility of aberrant drug behaviors. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.