

<b>Case Number:</b>	CM14-0048192		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	05/10/2012
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 injured worker has filed a claim for chronic knee pain reportedly associated with an industrial injury of May 10, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy over the course of the claim; opioid therapy; and electrodiagnostic testing of December 3, 2013, notable for mild bilateral ulnar sensory neuropathy with superimposed cervical radiculopathy. In a Utilization Review Report dated March 26, 2014, the claims administrator partially certified a request for Percocet 10/325 mg #60 as Percocet 10/325 mg #30 to taper and wean. The claims administrator did base its denial, on large part, on the fact that the applicant was reportedly off of work, on total temporary disability. In a December 5, 2013 progress note, the applicant reported a 4-7/10 bilateral hand and wrist pain status post earlier left and right carpal tunnel release surgeries in 2011 and 2012. The applicant was given work restrictions. The applicant was asked to continue Norco; it was suggested at that point in time. In an October 24, 2013 progress note, the attending provider suggested that the applicant continue usage ibuprofen for pain relief. The applicant's work status was not clearly delineated on this occasion, either. In a March 17, 2014 progress note, the applicant was described as having fallen in a trench on March 14, 2014 while working. The applicant presented complaining of neck and low back pain after climbing out of the trench. The applicant was given diagnoses of neck pain, back pain, and knee pain. The applicant was asked to continue both Percocet and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325 #60 to taper and wean:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management topic Page(s): 7; 78.

**Decision rationale:** As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioid should be prescribed to improve pain and function. In this case, however, no rationale was proffered which would support provision of two separate short acting opioids, Norco and Percocet. The attending provider does not state why the applicant was given two medications in the same class. As further noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, the attending provider should tailor medications and dosages to this specific applicant taking into consideration other medications. In this case, however, no consideration or discussion was provided which would justify usage of two separate short-acting opioids here. Therefore, the request is not medically necessary.