

<b>Case Number:</b>	CM14-0075259		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	04/16/2001
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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, 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:

According to the records made available for review, this is a 59-year-old male with a 4/16/01 date of injury. At the time (4/28/14) of request for authorization for Percocet 10/325mg, 1, 4 times a day, as needed, #120, there is documentation of subjective (bilateral shoulder pain rated 4/10) and objective (antalgic gait, tenderness noted over biceps groove of right shoulder and genohumeral joint of left shoulder, and motor testing limited by pain) findings, current diagnoses (shoulder pain), and treatment to date (medications (including ongoing treatment with Percocet with improvement in function and activities of daily with medications)). 3/10/14 medical report indicates pain agreement was reviewed with patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg, 1, 4 times a day, as needed, #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 85.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be recommended with documentation that the prescriptions are from a single practitioner and are

taken as directed, the lowest possible dose is being prescribed, and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of shoulder pain. In addition, given documentation of a pain agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed, the lowest possible dose is being prescribed, and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of improvement in function and activities of daily living with medications, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Percocet use to date. Therefore, based on guidelines and a review of the evidence, the request is medically necessary.