

<b>Case Number:</b>	CM14-0077812		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	07/26/2007
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Nevada. 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 54-year-old gentleman who was reportedly injured on July 26, 2007. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated January 23, 2014, indicates that there are ongoing complaints of shoulder pain, neck pain, knee pain, and back pain. Pain is stated to be 9/10 without medications and 5/10 with medications. The physical examination demonstrated decreased right and left shoulder range of motion with flexion to 110 degrees bilaterally. There was a normal upper and lower extremity neurological examination. The injured employee was noted to ambulate within antalgic gait. Diagnostic imaging studies of the lumbar spine revealed a right-sided S-1 nerve impingement. A magnetic resonance image of the left knee revealed a partial tear of the anterior cruciate ligament and a small peripheral medial meniscal tear. Previous treatment was not discussed. A request was made for Percocet and was not certified in the pre-authorization process on may seven 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325 mg x 100:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74, 78, 93 of 127.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The most recent progress note dated January 23, 2014, does indicate an objective decrease of pain with the usage of Percocet. It is also stated that this medication helps him function and able to participate in activities of daily living around his house and in the garage. Considering this, this request for Percocet is medically necessary.