

<b>Case Number:</b>	CM14-0079068		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	09/22/2003
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 application for independent medical review was signed on May 29, 2014. It was for Percocet 10\325. Per the records provided, it is noted that Percocet is the trade name for a combination of short acting oxycodone and acetaminophen. It is discussed in the MTUS on page 92. The doctor is recommending it for breakthrough pain. In the note of April 2011 however he stresses that he is not prescribing it at this time because the claimant still has some left and was not requiring more. and she is only to use it for breakthrough pain. Therefore the request was denied. Other current medicines included are fentanyl, Percocet, trazodone, docusate sodium. The diagnoses were lumbar spondylosis with radiculopathy of the left lower extremity, status post L4-L5 anteroposterior fusion done on October 2009, depression due to chronic pain and history of deep vein thrombosis on chronic Coumadin therapy. The doctor did note on April 11 that the patient should continue the Percocet but did not need it refilled, because she had sufficient medicine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PERCOCET 10/325:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

**Decision rationale:** In this case, though the Percocet was requested in April, but the doctor himself noted that the patient had sufficient quantity, and did not need it filled. Moreover, in regards to Opiates, Long term use, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not medically necessary and appropriate.