

<b>Case Number:</b>	CM14-0093096		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	05/07/2002
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 patient is a 48-year-old female who has submitted a claim for causalgia of lower limb, adjustment disorder with depressed mood, sciatica, and myofascial pain/myositis associated with an industrial injury date of 05/07/2002. Medical records from 03/07/2008 to 01/06/2014 were reviewed and showed that patient complained of bilateral lower extremity pain graded 7-9/10. Physical examination revealed decreased lumbar ROM, weakness of bilateral lower extremities except left knee flexors, decreased sensation along medial right calf, and limited bilateral plantarflexors and dorsiflexors ROM. EMG/NCV of lower extremities dated 11/12/2012 was unremarkable. Treatment to date has included physical therapy, cast, brace, Percocet 10/325mg (quantity not specified; prescribed since 10/21/2013) and other oral and topical pain medications. Of note, there was no documentation of functional relief from Percocet use. Utilization review dated 05/16/2014 denied the request for Percocet 10/325 mg #100 because the four criteria of analgesia, activities of daily living, adverse side effects, and aberrant drug behavior have not been met in this case.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PERCOCET 10/325 MG #100:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS  
Page(s): 78.

**Decision rationale:** According to page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. There was no documentation of pain relief, functional improvement, and recent urine toxicology review, which are required to support continued use of opiates. In this case, the patient was prescribed Percocet 10/325mg (quantity not specified) since 10/21/2013. The medical records submitted for review were from 03/07/2008 to 01/06/2014. The patient's current clinical and functional status is unknown. Guideline criteria for continuing opioid management have not been met due to sparse medical records submitted for review. Therefore, the request for Percocet 10/325mg #100 is not medically necessary.