

<b>Case Number:</b>	CM14-0184596		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	01/28/2010
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 Internal 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 (IW) is a 40-year-old woman with a date of injury of January 28, 2010. The mechanism of injury occurred when the IW reported discomfort to her wrist, elbow, and shoulder over the previous 2 to 3 weeks. The injured worker's working diagnoses are status post right elbow surgery; and right elbow infection. Pursuant to the Primary Treating Physician's Progress Note dated October 7, 2014, the IW complains of right elbow pain. On September 25, 2014, she had ulnar nerve release/medial nerve release, which got infected. Current medications include Percocet 8/day, Neurontin 300mg TID, Skelaxin, Prilosec, soma and Mobic. Objective physical examination reveals right elbow is infected and the IW started on IV antibiotics. The documentation indicates the injured worker was taking Norco in a progress note dated May 8, 2014. A progress note dated September 22, 2014 is handwritten and the treating physician changes the Norco to Percocet. The follow-up progress them dated October 7, 2014 did not contain a pain assessment or evidence of objective functional improvement as it relates to Percocet. The injured worker has been taking opiates long-term. There is a urine drug screen in the medical record dated June 30, 2014 that was inconsistent. The IW reports she was taking Soma, Norco, and Gabapentin. However, the UDS was positive for Noroxycodone, Tramadol, and Meprobamate. There was no further discussion or documentation regarding the inconsistent results by the primary treating physician. The current request is for Percocet 10/325mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Anti-Epilepsy Drugs, Opioids, On-Going Management, M.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10/325 mg #120 is not medically necessary. Ongoing, chronic opiate use requires ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are elbow lateral epicondylitis; and right lateral epicondylitis status post open release with arthroscopic debridement. The documentation indicates the injured worker was taking Norco in a progress note dated May 8 of 2014. A progress note dated September 22, 2014 is terse and handwritten. The treating physician changed the Norco to Percocet. A follow-up progress them dated October 7, 2014 did not contain a pain assessment or evidence of objective functional improvement as it relates to Percocet. She takes 8 Percocet tablets per day. There is no detailed pain or risk assessments in the medical record. The urine drug screen dated June 30, 2014 was inconsistent with tramadol, noroxycodone and Meprobamate all of which were not prescribed according to the medical record. There was no physician documentation addressing this inconsistency. The injured worker has been taking opiates long-term. Consequently, absent the clinical documentation supporting objective functional improvement associated with Percocet use and the inconsistent urine drug screen, Percocet 10/325 #120 is not medically necessary.