

<b>Case Number:</b>	CM14-0188406		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	10/02/2006
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 injured worker is a represented employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of October 2, 2006. In a Utilization Review Report dated October 15, 2014, the claims administrator failed to approve request for Percocet. The claims administrator suggested that its decision was based on progress notes of October 2, 2013, October 21, 2013, January 3, 2013, May 22, 2014, and October 6, 2014. The injured worker's attorney subsequently appealed. On said October 6, 2014 progress note, the injured worker reported 7/10 neck pain, exacerbated by turning and twisting. The injured worker was working modified duty. The injured worker was on Norco and Lidoderm patches. Percocet was renewed at the bottom of the report. The injured worker had apparently alleged that she has had prescriptions of Norco stolen in the past from both herself and her father. A 5 pound lifting limitation was endorsed. On August 6, 2014, the injured worker reported ongoing complaints of neck pain and was using Norco. It was reported that the injured worker was working. On May 26, 2014, the injured worker reported 4 to 5/10 neck pain. The injured worker was using Norco for pain relief and was given a refill of the same.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Section. Page(s): 78.

**Decision rationale:** On page 78 of the MTUS Chronic Pain Medical Treatment Guidelines does state that the lowest possible dose of opioid should be employed to improve pain and function. In this case, the injured worker was consistently described as using Norco at various points throughout the file, including on October 6, 2014, August 5, 2014, and on May 22, 2014. The attending provider did not state why Percocet was being introduced on the October 6, 2014 office visit. It was not clearly established that Percocet was being employed to replace any other medications. Therefore, the request is not medically necessary.