

<b>Case Number:</b>	CM14-0190532		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	08/23/2009
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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, has a subspecialty in Certificate in Nephrology 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:

This is a 56-year-old female with an 8/23/2009 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 9/25/14 noted subjective complaints of persistent neck and back pain. Objective findings were noted to have no significant change. It is noted that her medications help her to be more functional and are helping with her pain. Diagnostic Impression: cervical degenerative disc disease, thoracic pain, and chronic low back pain. Current medications include: Duragesic, Percocet, Ibuprofen, Prilosec, and Ambien. Treatment to Date: medication management, physical therapy. A UR decision dated 10/16/14 modified the request for Percocet 10/325 #180 with 5 refills, certifying #135 with no refills for purposes of weaning. The patient does not satisfy the criteria for continuation, therefore tapering is appropriate at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #180 x 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opiates  
Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2009 date of injury, the duration of opiate use to date is not clear. In addition, there is no clear rationale for concurrent prescriptions for Duragesic and Percocet. Furthermore, there is no discussion regarding endpoints of treatment or any mention or prior attempts at reducing the dosage of the patient's opiate medication. Therefore, the request for Percocet 10/325 mg #180 x 5 refills is not medically necessary.