

<b>Case Number:</b>	CM14-0207725		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	02/26/2012
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 Physical Medicine Rehab, has a subspecialty in Pain 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 27-year-old female who reported an injury of unspecified mechanism on 02/26/2012. On 11/11/2014, her diagnoses included crush injury of the right foot, Morton's neuroma of the right foot, right foot subtalar arthritis, right foot tarsal tunnel syndrome and reflex sympathetic dystrophy of the right foot. On 07/19/2014, she had a dorsal column implant with successful results and reported almost complete relief of her leg pain. On 11/11/2014, her pain was increasing in her spine when she was lying down. The examining physician stated that it felt like the stimulator had shifted. There was palpable swelling and tenderness over the incision site. Her treatment plan included re-implantation of the junctional area dorsal column stimulator to mid thoracic due to subluxation displacement of wires producing significant back incisional pain and the continuation of her Percocet 10/325 mg. There was no rationale included in this injured worker's chart. A Request for Authorization dated 11/11/2013 was included.

### 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. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The request for Percocet 10/325mg #120 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioids including documentation of pain relief, functional status, appropriate medication use and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function or improved quality of life. In most cases, analgesic treatments should be begin with acetaminophen, aspirin, NSAIDS, antidepressants and/or anticonvulsants. Long term use may result in neurological or endocrine problems. There was no documentation in this submitted chart regarding appropriate long term monitoring/evaluations, including side effects, failed trials of NSAIDS, aspirin, antidepressants or anticonvulsants, quantified efficacy or drug screens. Additionally, there was no frequency specified in the request. Therefore, this request for Percocet 10/325mg #120 is not medically necessary.