

<b>Case Number:</b>	CM15-0004192		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	02/08/2008
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 47-year-old female who reported an injury on 02/06/2008. The injury reportedly occurred to her right shoulder while making a bed. Her past treatments were noted to include physical therapy, medications, shoulder injections, modified duty, use of a wrist splint, ice applications, and use of pillows. She was diagnosed with chronic right shoulder pain, bilateral medial epicondylitis, bilateral wrist pain and carpal tunnel syndrome, and cervical pain on the right side. At her followup visit on 12/01/2014, her subjective complaints included ongoing neck and bilateral upper extremity pain. Her medications were noted to include Percocet 10/325 mg 3 times per day, Relafen 750 mg twice a day, trazodone 50 mg 1 to 2 at night, Voltaren gel to be applied as needed, and Lunesta 1 mg at bedtime. Her physical examination was noted to reveal no evidence of significant changes. Her treatment plan included a prescription for Percocet with no refills and continuation of all other medications. A rationale for continued use of Percocet was not provided. It was noted that a random urine drug screen had been performed on 08/07/2014 with consistent results. The injured worker has been using Percocet since at least 06/04/2013.

### 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 Opioids, Specific Drug List, Oxycodone/Acetaminophen (Percocet); a.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, ongoing use of opioid medication requires detailed documentation of pain relief, functional improvement, adverse side effects, and aberrant drug taking behavior with evidence of appropriate medication use based on urine drug screening. The patient was noted to be utilizing Percocet since 2013. The documentation also indicated that a recent urine drug screen had been consistent with her prescribed medications. Previous documentation showed evidence of significant functional improvement and pain relief with use of Percocet. However, the most recent clinical note dated 12/01/2014 failed to show adequate documentation of significant pain relief and functional improvement to warrant continued use of Percocet. In the absence of documentation of adequate pain relief evidenced by measurable pain scales and increased ability to perform activities of daily living, ongoing use of opioid medications is not supported. Additionally, the request as submitted failed to indicate a frequency of use. For these reasons, the request is not medically necessary.