

<b>Case Number:</b>	CM15-0005588		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	06/06/2013
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 patient is a 52 year old who was injured on 6/6/2013. The diagnoses are cervical disc disease, lumbar degenerative disc disease, right cubital tunnel syndrome, carpal tunnel syndrome, right shoulder and right elbow pain. The X-ray reports showed degenerative joint disease of the right elbow and right shoulder. On 11/20/2014, the patient presented to the clinic for pre-operative evaluation for right elbow lateral release surgery. There were objective findings of right upper extremity weakness with right elbow instability. The medications listed are Percocet, Keratek gel and Diclofenac. The patient was noted to have utilized hydrocodone and had Tramadol ER 150mg authorized. It is unclear which opioid medication is current from the records. The last UDS was noted to be consistent with hydrocodone prescription. A Utilization Review determination was rendered on 12/13/2014 recommending non certification for Percocet 10/325mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/235 mg, sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9797.24.2  
Page(s): 74-96. Decision based on Non-MTUS Citation Pain Chapter Opioids

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbations of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with other sedatives. The records indicate that the patient had utilized various opioid medications recently. It is unclear which opioid medication is currently being utilized. The subjective and objective findings are not consistent with the presence of severe pain that required treatment with multiple opioids medications. There is no documentation that the patient failed treatment with NSAIDs and PT. The criteria for the use of Percocet 10/325mg #60 was not met.