

<b>Case Number:</b>	CM15-0009675		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	07/12/2006
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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 64 year old female injured worker suffered and industrial injury on 7/12/2006. The diagnoses were cervical facet syndrome and spondylosis, carpal tunnel syndrome, ulnar neuropathy, right shoulder pain, and cervical radiculopathy. The diagnostics were cervical magnetic resonance imaging, electromyography, and magnetic resonance imaging of the right shoulder. The treatments were cervical medial branch radiofrequency neurotomy 3/4/11 facet nerve blocks, right shoulder arthroscopy 4/2010. The treating provider reported neck and right shoulder pain at 7/10 with medications and 9/10 without medications. The cervical range of motion was limited with spasms and tenderness. The right shoulder had restricted range of motion with tenderness. The Utilization Review Determination on 12/18/2014 non-certified Percocet 5/325mg #30, citing MTUS Chronic Pain Treatment Guidelines, opioids and Official Disability Guidelines, pain chapter, opioids.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 5/325mg take 1 daily as needed for pain QTY: 30 prescribed 12/3/14:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient was injured on 07/12/06 and presents with neck pain and right shoulder pain. The request is for PERCOCET 5/325 MG TAKE 1 DAILY AS NEEDED FOR PAIN QTY: 30 PRESCRIBED 12/03/14. The RFA provided is dated 12/11/14 and the patient is permanent and stationary. The utilization review denial letter did not provide a rationale. The patient was given a trial of Percocet beginning 11/05/14. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior) as well as 'pain assessment' or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The 11/05/14 report states that the patient rates her pain as a 6/10 with medications and an 8/10 without medications. No new problems or side-effects. Activity level has remained the same. The patient is taking medications as prescribed. She states that medications are working well. She reports significantly reduced quality of life. She notes that she has to force herself to get up to clean or cook. The 12/03/14 report indicates that with the aid of medication, was able to decrease her pain to a more tolerable level that allowed her to perform simple tasks that she was unable to do previously, such as washing dishes. The patient currently does not exhibit any adverse behavior to indicate addiction. The 09/10/14 report states 08/13/14, 06/17/14 CURES appropriate- 05/21/14 urine toxicology report: consistent. In this case, the treater provides all 4 A's. The medication provides a significant reduction in pain, no aberrant behaviors/side effects, and she is able to clean/cook and wash dishes. She had 05/21/14 urine drug screens which were consistent with her prescribed medications. She also has two CURES reports on file dated 06/17/14 and 08/13/14. The treater has provided all necessary documentation as required by MTUS guidelines. Therefore, the requested Percocet IS medically necessary.