

<b>Case Number:</b>	CM15-0102715		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	01/14/1993
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 64 year old female, who sustained an industrial injury on 01/14/1993. According to a progress report dated 04/22/2015, the injured worker was seen for ongoing evaluation of her neck pain and bilateral shoulder pain. She had a cortisone injection in her right shoulder during the last visit that she found to be quite helpful. Current medications included Percocet 10/325mg four a day, Effexor XR, Lunesta, Plaquenil, Prednisone, Methotrexate, Celebrex, Lidoderm patch, Colace, Reglan, and Prilosec. Percocet brought her pain from and 8 down to a 5 on a pain scale of 1-10 and allowed her to be more functional. She was able to continue doing light cooking with simple meals and cleaning her home. She was not able to do any deep cleaning. She walked for exercise a couple of times a week about 20 minutes at a time. Percocet in combination with Lunesta significantly improved her sleep from 1 hour of very interrupted sleep to 6 hours of more restful sleep. She denied any negative side effects and tolerated the medicine well. There were no aberrant behaviors. A signed pain contract was on file. A urine drug screen on 12/18/2014 was consistent. Her average pain was 6 and got as high as 8, coming down to 5 at best. It took about 30 minutes for medicine to take effect and lasted about 4 hours at a time. Effexor continued to provide her with significant benefit improving her depression. Lunesta significantly improved her sleep. Lidoderm significantly helped with neuropathic pain. Colace helped with constipation. Prilosec significantly helped with upset stomach. Reglan was helpful as well. Diagnoses included status post left shoulder surgery, prior surgery, surgical repair of the left shoulder revision surgery, chronic neck pain, cervical fusion at C6-C7, cervical discectomy C2 to C7, partial paralysis of the left upper extremity etiology

unclear, left foot drop since 1998 cervical fusion, (per patient) lupus, rheumatoid arthritis and fibromyalgia nonindustrial, left knee pain since fall injury June 2007, right shoulder pain status post right shoulder arthroscopic surgery, right hip pain secondary to limp due to foot drop on the left foot, right greater trochanteric bursitis, and right knee pain. Prescriptions were given for Percocet, Prilosec and Reglan. Work status included sedentary work only with no overreaching with her arms. She was currently not working. Progress reports submitted for review date back to 12/18/2014 and show that the injured was utilizing Percocet 10/325mg four a day at that time. Currently under review is the request for Percocet 10/325mg #120.

### **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 Opioids Page(s): 78-97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 64 year old female has complained of neck pain and shoulder pain since date of injury 1/14/93. She has been treated with physical therapy, surgery, steroid injection and medications to include opioids since at least 12/2014. The current request is for Percocet. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Percocet is not indicated as medically necessary.