

<b>Case Number:</b>	CM15-0106831		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	08/08/2000
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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, 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 injured worker is a 59-year-old female, who sustained an industrial injury on 8/8/2000. She reported pain of the neck, upper back, bilateral wrists, bilateral hands, and low back. The injured worker was diagnosed as having cervical spine strain, thoracic spine strain, possible chronic pain syndrome, lumbar spine disc rupture, right carpal tunnel syndrome, and status post left carpal tunnel surgery. Treatment to date has included medications. The request is for Percocet. Some of the medical records have handwritten information, which is difficult to decipher. On 9/2/2014, complained of upper back, low back, neck, bilateral hand/wrist pain. The treatment plan included pain medicine referral. On 9/4/2014, she indicated that Norco does not help. She complained of severe pain rated 9/10, and that she was unable to get authorization for cervical epidural steroid injection or knee injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325 mg Qty 120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 29, 78. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Percocet, California Pain, Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it appears that Norco has not been working. Therefore, the requesting physician is starting Percocet to see whether that is more effective. A trial of Percocet, therefore, seems reasonable. Of course, ongoing use will require documentation of objective functional improvement, analgesic efficacy, discussion regarding side effects, and discussion regarding aberrant use. As such, the currently requested Percocet is medically necessary.