

<b>Case Number:</b>	CM15-0133040		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	11/10/2014
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 51-year-old male, with a reported date of injury of 11/10/2014. The mechanism of injury was the dumping of a liquid on him from above. The injured worker's symptoms at the time of the injury included the erosion of tissue and third degree burns at his bilateral feet. The diagnoses include burn of leg and peripheral neuropathy. Treatments and evaluation to date have included oral medications and a cane. The diagnostic studies to date were not indicated in the medical records. The visit note dated 05/13/2015 indicates that the injured worker complained of pain in his bilateral feet. He rated the severity of his pain 10 out of 10; 10 out of 10 at its best; and 10 out of 10 at its worst. He stated that the average pain level of his pain during the past seven days was 10 /10. The pain was aggravated by prolonged walking and standing. The injured worker stated that his symptoms have been worsening since the injury. During the past month, his functional limitations were decreased due to the pain. The objective findings include a slow antalgic gait with use of a single point cane; normal and symmetric reflexes at 2+/4 in both lower extremities; diminished sensation at the bilateral L4, L5, and S1 dermatomes of the lower extremities; and patchy, dark discoloration of the lower extremities and bilateral feet. The injured worker's work status was noted as temporarily totally disabled. The urine toxicology report dated 05/13/2015 indicates that the opiates were not indicated or detected. The treating physician requested Percocet 5/325mg #60. The injured worker was prescribed one tablet by mouth twice a day as needed for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 5/325mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20, Part 1: Conclusion, and Opioids Page(s): 1, 9, and 74-96.

**Decision rationale:** According to the CA MTUS and the ODG, Percocet (Oxycodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, the injured worker was prescribed Percocet since at least 05/13/2015. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. A random drug test was performed; however, the other aspects of prescribing are not in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Return to work was not documented. The injured worker remains temporarily totally disabled. There was no documentation of improvement in specific activities of daily living as a result of use of the opioids. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management, and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.