

<b>Case Number:</b>	CM15-0139904		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	06/11/2009
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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, Hawaii

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:

This 49 year old female sustained an industrial injury to the low back and shoulder on 6-11-09. Recent treatment consisted of medication management. Documentation did not disclose recent magnetic resonance imaging. In a PR-2 dated 7-2-15, reported no changes to left shoulder, lumbar spine and left ankle pain. The physician noted that the injured worker did not get Percocet since her 4-29-15 visit. The injured worker was using Naproxen Sodium for pain. Physical exam was remarkable for restricted range of motion to the neck and pain with positive straight raise. Current diagnoses included chronic pain, cervicgia and lumbago. The treatment plan included continuing Naproxen Sodium and requesting authorization for Percocet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325 mg, 120 count:** 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 Opioids Page(s): 74-96.

**Decision rationale:** The patient presents with pain affecting the neck and low back. The current request is for Percocet 10/325 mg, 120 count. The three progress reports provided for review were dated 6/24/15, 12/16/14, and 12/11/14. The treating physician report dated 6/24/15 (18B) states, "Patient has yet to obtain medications, patient did not get percocet since April 29 visit." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided, do not show how long the patient has been taking Percocet. The report dated 6/24/15 notes that the patient had not been prescribed Percocet since April 29. There were no reports provided that document the patient's response to Percocet. No adverse effects or adverse behavior were discussed by the patient. The report dated 6/24/15 notes that the patient has not returned to work. In this case, all four of the required As are not addressed, pain has not been assessed upon each visit and functional improvement has not been documented. The current request is not medically necessary.