

<b>Case Number:</b>	CM15-0200232		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	03/20/2014
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 27-year-old who has filed a claim for chronic low back, bilateral shoulder, and mid back pain reportedly associated with an industrial injury of March 20, 2014. On a Utilization Review report dated October 5, 2015, the claims administrator failed to approve a request for Percocet. The claims administrator referenced a September 22, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 21, 2015, the applicant reported ongoing complaints of low back and left shoulder pain. 9/10 pain without medications versus 3/10 with medications was reported. The attending provider contended that the applicant's ability to stand and walk had been ameliorated as a result of ongoing medication consumption. The attending provider apparently prescribed Percocet on the grounds that Norco had been denied. Work restrictions of "no heavy lifting" were seemingly renewed. It was not clearly stated whether the applicant was or was not working, although this did not appear to be the case. On August 19, 2015, the attending provider appealed previously denied Norco, again citing reduction in pain scores and a reported improvement in standing and walking capacity as a result of ongoing medication consumption. On July 27, 2015, Norco was renewed. The attending provider stated that the applicant needed to consider weaning off of Norco over the next few months. The applicant was reportedly unable to tolerate manipulative therapy, the treating provider reported. Ongoing complaints of neck and shoulder pain were reported. The attending provider apparently appealed previously denied Botox injections, it was reported. Work restrictions were endorsed. Once again, it was not explicitly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. On

July 13, 2015, the attending provider stated that the applicant would remain off of work, on total temporary disability. The attending provider stated that Norco was not reducing the applicant's pain complaints as of this point. Norco was employed at a heightened dosage on this date.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Percocet 10/325mg, #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

**Decision rationale:** Yes, the request for Percocet, a short-acting opioid, was medically necessary, medically appropriate, and indicated here. The request in question was framed as a first-time request for Percocet as of the date in question, September 21, 2015. Page 75 of the MTUS Chronic Pain Medical Treatment Guidelines notes that short-acting opioids such as Percocet do represent an effective method in controlling chronic pain. Introduction of Percocet was indicated on or around the date in question, given the applicant's seemingly suboptimal response to previously prescribed Norco. Therefore, the first-time request for Percocet was medically necessary.