

<b>Case Number:</b>	CM15-0204721		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	11/15/2010
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

### 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 47 year old female who sustained an industrial injury on 11-15-10. The injured worker reported right shoulder discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for right shoulder pain. Medical records dated 9-14- 15 indicate pain rated at 2 out of 10 with the use of Percocet. Provider documentation dated 9- 14-15 noted the work status as permanent and stationary "continuing to work." Treatment has included Percocet since at least March of 2015, right shoulder magnetic resonance imaging (7- 20-11), and exercise. Objective findings dated 9-14-15 were notable for "in no acute distress today." The treating physician indicates that the urine drug testing result (12-18-14) showed no aberration. The original Utilization Review (9-25-15) partially approved a request for Percocet 5- 325mg #90 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 5/325mg, QTY: 90.00 with 2 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis. Decision based on Non-MTUS Citation <http://www.deadiversion.usdoj.gov/pubs/manuals/pract/section5.htm>.

**Decision rationale:** The cited CA MTUS recommends short acting opioids, such as Percocet (oxycodone), for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications (antidepressants, anticonvulsants). Opioids are recommended as the standards of care for moderate to severe nociceptive pain, but are not recommended as first-line therapy for osteoarthritis. The MTUS also states there should be documentation of the 4 As, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The treating provider's notes through 9-14-15 included documentation of pain with and without medication, whether there were any significant adverse effects, pain contract on file (unclear), urine drug testing, recent CURES report, subjective functional improvement, and improved activities of daily living. The injured worker should continue follow-ups routinely, with appropriate documentation, and begin weaning of opioids as soon as indicated by the treatment guidelines. The original Utilization Review non-certified the request based on writing refills for a schedule II controlled substance; however, the regulations allow for a 90 day total supply to be written with multiple prescriptions. Therefore, based on the available medical records and cited guidelines, the request for Percocet 5-325mg #90 with 2 refills is medically necessary and appropriate.