

<b>Case Number:</b>	CM15-0206253		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	01/13/1982
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: 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 58-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 13, 1982. In a Utilization Review report dated September 23, 2015, the claims administrator failed to approve a request for Percocet. An August 26, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On September 23, 2015, the applicant reported ongoing complaints of low back and shoulder pain, 6/10 without medications versus 2/10 with medications. The applicant's medications included Xanax, Percocet, and Mevacor, it was reported. Permanent work restrictions were renewed. It was not explicitly stated whether the applicant was or was not working with said limitations in place. The applicant was asked to cease smoking. Percocet was renewed. The applicant was using Percocet at a rate of 4 tablets a day. The note was very difficult to follow, was some 12 pages long, and mingled historical issues with current issues to some degree. The attending provider contended that the applicant's walking tolerance had been improved as a result of ongoing medication consumption. The attending provider stated that the applicant's activity levels had diminished in one section of the note while stating, somewhat incongruously, that the applicant medications were working well in another section of the note. The attending provider contended that the applicant was able to do simple chores around the home and minimal activities outside of the home as a result of his medication consumption. The applicant had undergone 2 prior shoulder surgeries, it was reported. On an earlier note dated August 26, 2015, it was again stated that the applicant's

activity levels were diminished despite ongoing Percocet usage. Once again, it was not explicit stated whether the applicant was or was not working with permanent limitations in place, although this did not appear to be the case.

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

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

**Percocet 5/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** No, the request for Percocet, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not clearly reported on multiple office visits, referenced above, suggesting that the applicant was not, in fact, working with permanent limitations in place. Progress notes of August 26, 2015 and September 23, 2015, moreover, suggested in some sections of the note that the applicant's overall, day-to-day activity levels had diminished. The attending provider's failure to clearly report the applicant's work status, the applicant's seeming failure to return to work, and the attending provider's reports of diminished day-to-day activity levels on office visits of September 23, 2015 and August 26, 2015, thus, outweighed any subjective reports of analgesia reportedly achieved as a result of ongoing Percocet usage. Therefore, the request was not medically necessary.