

<b>Case Number:</b>	CM15-0209346		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	09/17/2000
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 injured worker is a 53-year-old female, who sustained an industrial injury on 9-17-00. The injured worker was diagnosed as having chronic pain syndrome, right knee pain and lumbar myofascial pain syndrome. Subjective findings (4-29-15, 6-30-15, 7-28-15, 8-8-15 and 9-8-15) indicated low back pain going to the right lower extremity and right knee pain. The injured worker rated her pain 7-8 out of 10 on a good day and 10 out of 10 on a bad day. Objective findings (4-29-15, 6-30-15, 8-8-15 and 9-8-15) revealed a positive straight leg raise test on the right at 30 degrees and "severe" tenderness in the right lower facet joint and sacroiliac joint. As of the PR2 dated 10-12-15, the injured worker reports low back pain going to the right lower extremity and right knee pain. She rates her pain 7-8 out of 10 on a good day and 10 out of 10 on a bad day. Objective findings include a positive straight leg raise test on the right at 30 degrees and "severe" tenderness in the right lower facet joint and sacroiliac joint. Current medication includes Nucynta. The treating physician recommended starting Percocet and discontinuing Nucynta. The urine drug screen on 8-17-15 was consistent with prescribed medications Treatment to date has included physical therapy, chiropractic treatment, a TENS unit, Lyrica, Hysingla and Voltaren gel. The Utilization Review dated 10-17-15, modified the request for Percocet 10-325mg #120 to Percocet 10-325mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325 #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen, 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, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-.

**Decision rationale:** Percocet (oxycodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing right knee pain and lower back pain that went into the right leg with weakness, numbness, and tingling. The recorded pain assessments contained few of the elements suggested by the Guidelines. There was no discussion detailing how this medication improved the worker's function, describing how often the medication was needed and used by the worker, exploring the potential negative side effects, or providing a detailed individualized risk assessment. In the absence of such evidence, the current request for 120 tablets of Percocet (oxycodone with acetaminophen) 10/325mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.