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| <b>Case Number:</b>   | CM15-0022808 |                              |            |
| <b>Date Assigned:</b> | 02/12/2015   | <b>Date of Injury:</b>       | 11/14/1996 |
| <b>Decision Date:</b> | 04/06/2015   | <b>UR Denial Date:</b>       | 01/28/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/06/2015 |

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 58-year-old female who reported an injury on 11/14/1996. The mechanism of injury was assault. Her past treatments were noted to include multiple surgeries and medications. The urine drug screen performed on 11/10/2014 was positive for oxycodone which was consistent with her reported medications. Her symptoms include low back pain. Her medications are noted to include Percocet 5/325 mg 3 times a day, Docuprene sodium twice a day for constipation, ibuprofen 800 mg twice a day as needed, pantoprazole 20 mg daily, baclofen 10 mg one half to 1 tab 3 times a day as needed, Ambien CR 12.5 mg at bedtime as needed, and diazepam 5 mg 1 to 2 times per day. The physical examination revealed no significant findings. The treatment plan included continued use of Percocet as her condition had been stable and she notes a significant decrease in pain with use of this medication. It was also noted that she denied side effects from use of this medication and that her urine drug screens have been consistent with her reported medications. The documentation also shows that the injured worker has significant functional improvement with use of Percocet which allows her to perform her normal activities of daily living.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 5/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List, Oxycodone/Acetaminophen (Percocet) Page(s): 92, 78-80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, the ongoing management of opioid medication should include detailed documentation of pain relief, functional status, appropriate medication use, and adverse side effects. The clinical information submitted for review indicated that the injured worker had been taking Percocet since at least 04/09/2014. She was shown to have consistent results on urine drug screen and to report the absence of side effects and increase function with use of this medication. It was also documented that she had significant pain relief with use of this medication; however, there was no quantifiable objective information to support this. The documentation did not indicate her pain ratings before and after use of this medication or otherwise quantify her reported pain relief. In addition, the request as submitted did not include frequency. For these reasons, the request is not medically necessary.