

<b>Case Number:</b>	CM15-0223175		
<b>Date Assigned:</b>	11/19/2015	<b>Date of Injury:</b>	09/11/1990
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2015

### 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: 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 injured worker is a 59-year-old male, who sustained an industrial injury on September 11, 1990. Notes stated he has chronic neck, low back, right knee and right lower extremity pain as a result of being struck by a motor vehicle. The injured worker was currently diagnosed as having disorder of back, thoracic post-laminectomy syndrome, brachial neuritis, lumbar post-laminectomy syndrome, low back pain, disorder of trunk, primary fibromyalgia syndrome, displacement of thoracic intervertebral disc without myelopathy, inflammatory neuropathy, displacement of lumbar intervertebral disc without myelopathy, displacement of cervical intervertebral disc without myelopathy and anxiety state. Treatment to date has included diagnostic studies, surgeries, medications, genitofemoral nerve block without benefit and intrathecal pump. On October 13, 2015, the injured worker complained of severe testicular pain and increasing right foot pain. His current medication was noted to provide functional gains including assisting with his activities of daily living, mobility, restorative sleep, and contributing to his quality of life. He reported that medications reduce pain rated a 9 on the 1-10 pain scale by about 30%. The treatment plan included Nabumetone, Tizanidine, Percocet, polyethylene glycol, tamsulosin, urine toxicology screen and a follow-up visit. On October 15, 2015, utilization review denied a request for Percocet 10-325mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg, #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 for chronic pain, Weaning of Medications.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has recently reported increased pain. He no longer receives the same pain relief from the use of Percocet as he previously had, therefore, continued use is not warranted. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Percocet 10/325mg, #120 is determined to not be medically necessary.