

<b>Case Number:</b>	CM15-0033944		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	06/11/2012
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52-year-old male who reported an injury on 06/11/2012. The mechanism of injury was unspecified. His diagnoses include post laminectomy syndrome not otherwise specified, cervicalgia, and rotator cuff disorders not elsewhere classified. His current medications were noted to include cyclobenzaprine 10 mg, morphine 15 mg, oxycodone /acetaminophen 10/325 mg, Senna 8.6 mg, Zofran 8 mg, and Protonix 20 mg. On 02/02/2015, the injured worker complained of low back and left shoulder pain rated 6/10, that radiated to the upper back with associated symptoms of numbness and tingling. The injured worker also complained of headaches rated 7/10, and has decreased since his last visit. The documentation noted the injured worker had no evidence of developing medication dependency. His past treatments included acupuncture, psychological consult, internal medicine, and medications. The injured worker was referred to a neurologist for headaches, was informed not to operate a motor vehicle with the use of narcotics, and to report any side effects appropriately. The treatment plan also included a consult due to too many narcotics being taken. The treatment plan also included Percocet 10/325 mg #120. A rationale was not provided. A Request for Authorization form was submitted on 02/02/2015.

### 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 Treatment Guidelines Oxycondone/Acetaminophen (Percocet), Opioids and Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, ongoing monitoring of chronic pain patients on opioids include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The injured worker was indicated to have been on Percocet for an unspecified duration of time. However, there was a lack of documentation in regard to objective functional improvement and an objective decrease in pain with medication use. There was also a lack of documentation with evidence to indicate monitoring for side effects and aberrant drug related behaviors. Based on the above, the request is not supported by the evidence based guidelines. A weaning schedule is recommended for implementation due to long term use of Percocet. As such, the request is not medically necessary or appropriate. Furthermore, the request as submitted failed to specify a frequency.