

<b>Case Number:</b>	CM15-0035097		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	11/12/1992
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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 [REDACTED] employee who has filed a claim for chronic mid back pain reportedly associated with an industrial injury of November 12, 1992. In a Utilization Review Report dated February 12, 2015, the claims administrator failed to approve a request for Percocet. An RFA form received on February 10, 2015 and an associated progress note of February 9, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. In a February 9, 2015 progress note, the applicant reported ongoing complaints of mid back pain, 5-6/10. The applicant contended that her pain medications were generating 80% analgesia. The applicant was given refills of OxyContin and Percocet. The applicant was status post failed thoracic fusion surgery. OxyContin and Percocet were renewed. The attending provider stated that the applicant pain complaints would be intractable without her medications. Permanent work restrictions were renewed. It did not appear that the applicant was working with said permanent limitations in place. In an earlier note dated August 21, 2014, the applicant was, once again, given refills of OxyContin and Percocet. The attending provider stated that the applicant's pain complaints would be intractable and/or intolerable without her medications. In another section of the note, the attending provider stated that the applicant had developed allergies, including pruritus, with a generic variant of Percocet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Recommend prospective request fo1 prescription of Percocet 10/325 mg #120 between 2/9/15 and 4/11/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**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 was seemingly off of work, despite ongoing Percocet usage. Permanent work restrictions were renewed, seemingly unchanged, from visit to visit, despite ongoing Percocet usage. The attending provider failed to outline any meaningful or material improvements in function effected as a result of ongoing Percocet usage (if any). Permanent work restrictions were seemingly renewed, unchanged, from visit to visit, despite ongoing usage of Percocet. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.