

<b>Case Number:</b>	CM15-0051228		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	05/12/2008
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 61 year old female who sustained an industrial injury on May 12, 2008. The injured worker was diagnosed with multi-level cervical disc desiccation and bulging, multi-level lumbar disc desiccation with bulging and mild stenosis at L5-S1, right shoulder bursitis and impingement, insomnia and obesity. The injured worker is status post left knee arthroscopy in September 2011. According to the primary treating physician's progress report on February 17, 2015, the injured worker presented for follow-up evaluation with continued neck, lower back, right shoulder, and bilateral knee pain. A right subacromial injection was administered last office visit, which was beneficial. Examination of the cervical spine noted tenderness to palpation and spasm with decreased sensation at the C5 and C6 dermatomes. Examination of the right shoulder demonstrated some atrophy of the anterior and lateral deltoid with tenderness, decreased strength on abduction and positive impingement signs. The lumbar spine noted paraspinal muscle tenderness, good motor strength, decreased range of motion and decreased sensation about the L5 dermatomes bilaterally. The left knee examination revealed swelling without effusion, decreased range of motion and abnormal patellar tracking. The injured worker ambulates with a cane. Current medications are listed as Motrin and Percocet. Treatment plan consists of follow up with pain management for a lumbar epidural steroid injection (ESI), continue weight loss program and prescribed medications and continue work with modified restrictions. The primary treating physician is requesting authorization for opioids.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325 mg Qty 100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on an NSAID and Percocet. Pain scores ranged widely from 4-9/10. There was no indication of prior Tylenol failure. Pain management was to provide an ESI due to inadequate pain control. The Percocet is therefore not justified and not medically necessary.