

<b>Case Number:</b>	CM14-0115396		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	09/15/2011
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, Pain Medicine and is licensed to practice in Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 51-year-old male, who reported an injury of unknown mechanism on 09/15/2011. On 06/16/2014, his diagnoses included rotator cuff disorders not elsewhere classified, post laminectomy syndrome of the lumbar region, lumbosacral spondylosis without myelopathy, and diabetes mellitus. His medications included metformin 500 mg and Percocet 10/325 mg. On 07/18/2014, it was noted that a weaning program for his Percocet was to have begun. There was no rationale included in this injured worker's chart. A Request for Authorization dated 07/23/2014 was included.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg 1 tab every 4-6 hrs PRN #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92,78-80,124.

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

**Decision rationale:** The California MTUS Guidelines recommends ongoing review of opioid use, including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and the intensity of pain before and after taking the

opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants, and/or anticonvulsants. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including side effects, failed trials of NSAIDs, aspirin, antidepressants or anticonvulsants, quantified efficacy, or drug screens. The clinical information submitted failed to meet the evidence based guidelines for continued use of opioid medications. Therefore, this request for Percocet 10/325mg 1 tab every 4-6 hrs prn #150 is not medically necessary.