

<b>Case Number:</b>	CM14-0181157		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	04/23/1997
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Occupational Medicine, and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain, hip pain, low back pain, hand pain, and major depressive disorder (MDD) reportedly associated with an industrial injury of April 23, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of psychotherapy over the course of the claim; unspecified amounts of physical therapy over the course of the claim; opioid therapy; and the apparent imposition of the permanent work restrictions imposed by a medical-legal evaluator. In a Utilization Review Report dated September 30, 2014, the claims administrator failed to approve a request for Percocet, citing a lack of functional improvement with earlier usage of Percocet. The applicant's attorney subsequently appealed. In September 19, 2014 psychiatric medical-legal evaluation, it was acknowledged that the applicant had significant complaints of depression resulting in a global assessment of functioning (GAF) of 58. The applicant was placed off of work, on total temporary disability, from a psychological perspective, it was stated. It was acknowledged, however, that the applicant had since retired. The applicant was using Percocet as of an earlier note dated December 11, 2013. The applicant was suffering from back, hip, and shoulder pain, it was noted at that point in time. On September 24, 2014, the applicant again reported ongoing complaints of low back, hip, and shoulder pain. The applicant was asked to consult a shoulder surgeon, a hand surgeon, and obtain further massage therapy. Both Norco and Percocet were apparently renewed, the former with multiple refills. Permanent work restrictions imposed by an agreed medical evaluator was likewise renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10-325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids criteria for use Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management When to Continue Opioids Page(s): 78, 80.

**Decision rationale:** As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioid should be prescribed to improve pain and function. Here, the applicant was using two separate opioids, Percocet and Norco. The attending provider failed to furnish any rationale or justification for provision of two separate short-acting opioids. It is further noted that the applicant has seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant has failed to return to work. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Percocet usage, it was further noted. While it acknowledged that the applicant's failure to return to work may be a function of his mental health issues and/or combination of medical and mental health issues as opposed to the applicant's chronic pain issues alone, the attending provider's failure to outline any quantifiable decrements in pain or material improvements in function likewise do not make a compelling case for continuation of Percocet usage. Therefore, the request is not medically necessary.