

<b>Case Number:</b>	CM15-0110227		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	11/21/2007
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 50 year old female, who sustained an industrial injury on 11/21/07. The injured worker was diagnosed as having chronic neck pain, left occipital neuralgia, cervicogenic headaches, right shoulder pain, lumbar spine sprain/strain, right lower extremity radicular symptoms, and anxiety and depression. Treatment to date has included lumbar epidural steroid injections, a left greater occipital nerve block, a right extensor tendon injection, psychological treatment, cervical epidural steroid injections, trigger point injections, L4-5 and L5-S1 transforaminal epidural steroid injections, and medication. Pain on 3/30/15 was rated as 5/10 with medication and 8/10 without medication. Pain on 5/8/15 was rated as 5-6/10 with medication and 8/10 without medication. The injured worker had been taking Percocet since at least 11/13/14. Currently, the injured worker complains of neck pain with radiation to the left upper extremity with numbness, tingling, and weakness. Right lower extremity pain with numbness and tingling were also noted. The treating physician requested authorization for Percocet 5/325mg #90. A progress report dated June 5, 2015 indicates that the patient has 30% improvement in pain and 30% improvement in function as result of the medication she is using. The patient continues to stay within the prescription guidelines, has a signed opiate agreement, and urine toxicology screening has been consistent. There is no evidence of drug seeking behavior and the patient has completed an opioid risk assessment profile.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 5/325 mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 92, and 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Percocet 5/325 mg #90, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. In light of the above, the currently requested Percocet 5/325 mg #90 is medically necessary.