

<b>Case Number:</b>	CM15-0172422		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	06/04/2012
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 injured worker is a 48-year-old female, who sustained an industrial injury on 6-04-2012. Diagnoses include discogenic cervical condition, impingement syndrome of the shoulder, wrist joint inflammation on the right, stenosing tenosynovitis of the first extensor on the right, rotator cuff strain on the left, wrist joint inflammation on the left with evidence of carpal tunnel syndrome per electrodiagnostic testing, discogenic lumbar condition with radicular component of the right lower extremity, chronic pain associated with sleep disorder, depression and stress, and severe headaches. Treatment to date has included medications, physical therapy, acupuncture, chiropractic, functional restoration program, diagnostics and home exercise. Per the Primary Treating Physician's Progress Report dated 7-30-2015, the injured worker presented for follow-up regarding the neck, right shoulder and low back. She has been approved for right shoulder surgery. She also reports left shoulder pain. Objective findings included tenderness along the cervical paraspinal muscles, and pain along shoulders, rotator cuff and bicep tendon. She has been prescribed narcotic pain medication since at least 10-17-2014. The plan of care included surgical intervention of the right shoulder, medications, and pain management referral for possible injections. On 8-12-2015, Utilization Review non-certified a request for Percocet 10- 325mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10/325 mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. In this case, the injured worker's working diagnoses are discogenic cervical condition; impingement syndrome right shoulder; wrist joint inflammation on the right with involvement of radioulnar joint; stenosing tenosynovitis first extensor on the right; rotator cuff strain on the left; wrist joint inflammation on the left with evidence of carpal tunnel syndrome; discogenic lumbar condition with particular compound right lower extremity; chronic pain associated with depression, sleep disorder and stress; and severe headaches. The date of injury is June 4, 2012. Request for authorization is August 4, 2015. According to a progress note, dated January 23, 2015, current medications included Norco and Tramadol ER. According to the most recent progress note dated July 30, 2015, there was no documentation of Norco weaning and Tramadol ER was continued. Subjectively, the injured worker complained of left shoulder pain, neck and low back pain. Right shoulder upcoming surgery was approved and pending. There was no documentation of Norco weaning and Tramadol ER was continued at the current dosing. The treating provider added Percocet for the upcoming shoulder surgery. The documentation does not demonstrate objective functional improvement with ongoing Norco (for moderate to severe pain) and Tramadol ER. There are no detailed pain assessments or risk assessments in the medical record. As noted above, there is no documentation of attempted weaning with Norco and Tramadol ER. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no detailed pain assessments of risk assessments, no attempted weaning of Norco and Tramadol and no documentation demonstrating objective functional improvement to support ongoing Norco, Tramadol and the addition of Percocet, Percocet 10/325 mg #120 is not medically necessary.