

<b>Case Number:</b>	CM15-0174006		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	06/29/2014
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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: Massachusetts

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 41 year old male who sustained an injury on 6-29-14 resulting when a queen sized mattress fell directly on his back, knocking him down to the ground landing on his right shoulder. Diagnoses include cervical facet syndrome; cervical pain; lumbar facet syndrome; shoulder pain; joint pain -hand and low back pain. MRI right shoulder 11-18-14 reveals partial thickness tear of the articular surface of the supraspinatus tendon. 10-23-14 urine toxicology report is consistent with opiate medication use. Treatment has included medications, chiropractic therapy, work restrictions and lumbar brace. MRI lumbar spine 2-18-15 reveals extruded central L4-L5 disk herniation impinging on the thecal sac and extending slightly to the vertebral body margin. 8-19-15 PR 2 reports he has upper right back pain radiating down to right bicep, lower backache, right shoulder pain and right thumb, numbness over right forearm. The pain is rated as 6 out of 10 with medications and without medication 9 out of 10. Right shoulder surgery was approved for August 2015. Current medications are Rozerem 8 mg; Flector 1.3 % patch; Lunesta 2 mg and Norco 10-325 mg 1 tablet for times a day as needed. Current requested treatment Percocet 10-325 mg 1 four times a day as needed post-surgery #120. Utilization review 8-25-15 requested treatment is non-certified.

### 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, criteria for use.

**Decision rationale:** The claimant sustained a work injury in June 2014 when he was struck by a mattress and fell landing on his back and right shoulder. An MRI of the right shoulder included findings of a partial thickness rotator cuff tear and an MRI of the lumbar spine in February 2015 showed findings of an extruded L4/5 distribution. Medications are referenced as decreasing pain from 9/10 to 6/10. When seen, he was having difficulty sleeping. Right shoulder surgery was pending. Norco was being prescribed. Physical examination findings included a BMI of over 33. He appeared to be in moderate pain. There was an antalgic wide based gait. There was decreased and painful cervical spine range of motion. There was cervical and lumbar tenderness with positive right facet loading. There was decreased and painful right shoulder range of motion with decreased strength. Yergason testing was positive. Percocet was prescribed for management of postoperative pain. Criteria for the use of opioids include an assessment of pain and response to non-opioid analgesic medications. When requested, the claimant had not undergone the pending surgery. Without assessing pain following the procedure, predicting a need for additional opioid medication would not be possible. Prescribing another opioid medication prior to undergoing the planned procedure is not appropriate or medically necessary.