

<b>Case Number:</b>	CM15-0175600		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	02/09/1995
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

### 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 62 year old male who sustained an industrial injury on 2-9-1995. A review of medical records indicates the injured worker is being treated for exostosis of unspecified site. Medical records indicate pain in the neck, back, and leg. Without medications pain is an 8-9 out 10 and with medication pain is reduced to 3-4 out of 10. Pain medication reduces pain and allows him to function. Pain was unchanged since the prior visit. Physical examination noted neck motion was limited in all planes. There was tenderness of the trapezius base bilaterally. Upper extremities note grip was decreased bilaterally. There was tenderness of his low back. There was 80 degrees of straight leg raise bilaterally with motors intact. Treatment has included medications (Percocet since at least 2-21-2015). The Utilization review form dated 8-31-2015 non-certified Percocet 10-325 #180.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325 #180:** 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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

**Decision rationale:** The cited CA MTUS guidelines recommend short acting opioids, such as hydrocodone (Percocet), for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's most recent records from 8-13-2015 included documentation of the pain with and without medications; however, the notes did not include no significant adverse effects or aberrant behavior, pain contract on file, history of urine drug testing, objective functional improvement, and performance of necessary activities of daily living. Appropriate follow-up has been performed routinely, but the weaning of opioids should be routinely reassessed and initiated as soon as indicated by the treatment guidelines. Based on the available medical information and cited guidelines, Percocet 10/325 #180 is not medically necessary and appropriate for ongoing pain management.