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| Case Number: | CM15-0179324 | | |
| Date Assigned: | 09/23/2015 | Date of Injury: | 06/30/2003 |
| Decision Date: | 10/27/2015 | UR Denial Date: | 08/28/2015 |
| Priority: | Standard | Application Received: | 09/11/2015 |

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: Arizona, California

Certification(s)/Specialty: 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 55 year old female, who sustained an industrial injury on 6-30-2009. The injured worker was being treated for head, neck, and bilateral upper extremity pain. Treatment to date has included multiple cervical spinal surgeries, epidural steroid injections, multiple right knee surgeries (most recent right knee replacement on 9-24-2014, with post-operative complications), acupuncture, chiropractic, physical therapy, and medications. Currently (8-19-2015), the injured worker complains of "new onset of right shoulder pain" and she reported that she received a cortisone injection and this was not effective. She also reported ongoing right knee pain and neck pain, rated 4-5 out of 10 (unchanged from 7-22-2015, 4-15-2015, and 3-18-2015, at which times right shoulder pain was also documented). It was documented that her knee surgeon was not providing pain medication any longer and recommended over the counter pain management. It was documented that she continued to utilize Percocet "with benefit" one to two times daily, in addition to Voltaren gel, Amitriptyline, Celexa, and Cyclobenzaprine. Her work status was permanent and stationary. A review of symptoms noted anxiety and depression. Exam noted an antalgic gait, fatigued appearance, no edema or tenderness in any extremity, and normal muscle tone in all extremities. It was documented that exam of the neck showed painful range of motion, starting at flexion 10 degrees and extension at 20 degrees. Muscle tone of the trapezius was increased and there was palpable tenderness. Function with activities of daily living was not described. Failed medications were documented to include Butrans, Buprenorphine, and Opana. Urine toxicology (8-19-2015) was positive for benzodiazepines and tricyclics, negative for opiates. The treatment plan included

continued Percocet 7.5-325mg #45 with 2 refills, modified by Utilization Review on 8-28-2015 to Percocet 7.5-325mg #45 without refills. The use of Percocet was noted since at least 2-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #45 with 2 refills: 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 neuropathic pain, Opioids for chronic pain, Opioids, dealing with misuse & addiction, Opioids, specific drug list.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Percocet for several months. Recent exam notes did not mention pain score reduction with use of medication. There was no mention of Tylenol, NSAID or weaning failure. The continued use of Percocet is not medically necessary.