

<b>Case Number:</b>	CM15-0179411		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	12/03/2007
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 49 year old female, who sustained an industrial injury on December 3, 2007. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having severe reactive depression, chronic pain and poor coping mechanisms, T9 compression fracture, thoracic facet syndrome, T8-9 and T10-11 mild disc desiccation with overlying myofascial pain and multilevel lumbar spondylosis. Treatment to date has included psychiatric treatment, psychological testing, branch blocks, transcutaneous electrical nerve stimulation unit with benefit and medications. Bilateral T8 through T10 medial branch blocks provided no relief during the diagnostic phase. Percocet medication was noted to be previously effective. On May 27, 2015, the injured worker complained of mid thoracic pain rated as a 9 on a 1-10 pain scale. Physical examination revealed tenderness throughout the paraspinal musculature of the mid and lower thoracic spine. The treatment plan included continuation of current medication regimen, eight sessions of acupuncture, follow-up with her psychiatrist, cyclobenzaprine, pantoprazole, naproxen, discontinue Opana due to sleeplessness and change to Percocet, home exercise program and a follow-up visit. A request was made 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:** Overturned

**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, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

**Decision rationale:** The claimant sustained a work injury in December 2007 and continues to be treated for chronic pain. In May 2015 Opana was causing sedation and Percocet, which had previously been effective, was prescribed. Medications are referenced as decreasing pain by 50% and allowing for activities of daily living and exercising, including in a pool. When seen, she was in mild distress. She had a slow gait and was using a cane. There was mid and lower thoracic paraspinal muscle tenderness. She had normal lower extremity strength and sensation. She had ongoing severe depression. Percocet was the only opioid being prescribed. The total MED (morphine equivalent dose) is 60 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Percocet (oxycodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain and improved activities of daily living and activity tolerance. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.