

<b>Case Number:</b>	CM15-0075989		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	06/25/1991
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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

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 61 year old female, who sustained an industrial injury on 6/25/1991. The current diagnoses are chronic pain syndrome, post laminectomy syndrome of the lumbar region, gastritis, and depression. According to the progress report dated 3/27/2015, the injured worker states that her back is "killing her" since her gallbladder has flared up. The pain is rated 8/10 with medications and 10/10 without. The current medications are Percocet, Fentanyl patch, Aciphex, Doxepin, and Lexapro. Treatment to date has included medication management, MRI studies, and surgical intervention. The plan of care includes prescription for Percocet and Duragesic. Notes indicate that the patient's medications allow her to sit for 50% longer and stand twice as long. The patient reports functional benefit from the medication. No intolerable side effects are reported. A progress report dated April 6, 2015 indicates that the risks and benefits of the medication were discussed with the patient. Additionally, documentation indicates that the medication is used as prescribed and a risk assessment was performed.

### 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 Treatment Guidelines Percocet (oxycodone & acetaminophen); Opioids, dosing; Opioids, long-term assessment; Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Percocet 10/325mg, #120, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, and there is indication that the medication is improving the patient's function and pain with no side effects or aberrant use. It is acknowledged, that no recent urine drug screens were provided. However, a one-month prescription, as requested here, should allow the requesting the addition time to undergo urine drug screening if that has not been performed within the past year. In light of the above, the currently requested Percocet 10/325mg, #120 is medically necessary.