

<b>Case Number:</b>	CM15-0079862		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	03/27/2007
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: North Carolina, Georgia  
 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 54 year old female, who sustained an industrial injury on 3/27/07. She reported pain in the neck, low back, shoulder, and hip. The injured worker was diagnosed as having cervical radiculopathy, lumbar degenerative disc disease, and lumbar failed back syndrome. Treatment to date has included back surgery in 2008, right shoulder surgery in 2009, injections, and medications. A report dated 10/20/14 noted the injured worker was taking Percocet 10/325mg up to 5 times per day. A report dated 2/9/15 noted pain was rated as 4/10. A report dated 3/9/15 noted pain was rated as 5/10. A report dated 4/6/15 noted pain was rated as 6/10. Currently, the injured worker complains of neck and low back pain. The treating physician requested authorization for Percocet 10/325mg #150.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #150: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as Percocet, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any objective functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with Percocet.