

<b>Case Number:</b>	CM15-0091948		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	08/07/2006
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 72 year old male, who sustained an industrial injury on 8/7/2006. Diagnoses have included carpal tunnel syndrome, lumbar facet syndrome, myofascial pain syndrome and knee pain. Treatment to date has included lumbar medial branch neurotomy and medication. According to the progress report dated 3/18/2015, the injured worker complained of buttock pain. He also complained of post-op right shoulder pain. He reported increased pain in the left sciatic, causing him to sleep less. He reported an increase in pain since running out of Percocet several days ago. Current pain was rated 8-9/10. He also reported increased low back pain. The injured worker noted that after medications he was able to sit for about one hour before changing position, without medications for a few minutes. With medications, he was able to walk for one hour, without medications he could walk for a few minutes. The injured worker was alternately sitting and standing to relieve back pain. Authorization was requested for Percocet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #90 ref x 2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Weaning of Medications Section Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker is using Percocet chronically, since October 2014 without significant increase in function or decrease in pain. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Percocet 10/325mg #90 ref x 2 is determined to not be medically necessary.