

<b>Case Number:</b>	CM14-0147413		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	07/07/2008
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, foot, and ankle pain reportedly associated with cumulative trauma at work first claimed on July 7, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; anxiolytic medications; psychotropic medications; opioid therapy; reported diagnosis of complex regional pain syndrome; sleep aids; earlier shoulder surgery; a power scooter; an intrathecal pain pump; stellate ganglion blocks; and extensive periods of time off of work. In a Utilization Review Report dated August 14, 2014, the claims administrator apparently denied, partially approved, or conditionally approved requests for Norco, BuSpar, amitriptyline, baclofen, and Prilosec. Many of the partial certifications were apparently issued for weaning or tapering purposes. The applicant's attorney subsequently appealed. In a May 28, 2014 psychiatric medical-legal evaluation, the applicant was described as having issues with major depressive disorder (MDD), reportedly severe, with associated global assessment of function (GAF) of 52. The applicant was given a 27% whole person impairment rating from a mental health perspective. The applicant was reportedly using omeprazole, baclofen, Elavil, Buspirone, Norco, and Percocet, it was stated. The applicant continued to dream about killing himself at least once a week. The applicant remained depressed, sad, hopeless, and poorly motivated. The applicant apparently spent much of his day watching TV and/or eating meals prepared by his son. The applicant was not socializing. The applicant had gained 20 to 25 pounds, it was stated. The applicant had significant loss of energy, poor motivation, poor sleep, and anxiety attacks, it was stated. In a May 8, 2014 progress note, the applicant was given refills of Percocet, Norco, Buspirone, amitriptyline, Prilosec, and baclofen. The applicant had apparently alleged development of pain in numerous other body areas as a compensatory consequence of the original industrial injury. Pain complaints of 8-9/10 were reported. Limited

range of motion was noted in multiple regions. On September 9, 2014, the applicant's treating psychologist gave the applicant a global assessment of function (GAF) of 44. In an internal medicine medical-legal evaluation of March 11, 2014, it was stated that the applicant had ongoing complaints of acid reflux, reportedly industrial in nature. The medical-legal evaluator stated that ongoing usage of Prilosec was adequately controlling the applicant's symptoms of reflux.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Percocet 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Oxycodone/acetaminophen Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant is having difficulty performing even basic activities of daily living, such as getting up, moving around, ambulating, socializing, etc. While these deficits are, in part, function of the applicant's mental health issues, nevertheless, they do not make a compelling case for continuation of opioid therapy. Likewise, the applicant's continued complaints of severe pain in the 8-9/10 range likewise do not make a compelling case for continuation of Percocet. Therefore, the request is not medically necessary.