

<b>Case Number:</b>	CM13-0044953		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/08/2010
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Geriatrics and is licensed to practice in New York. 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 physician 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 injured worker is a 57 year old injured worker with a date of injury of 1/8/10. The patient has been deemed a poor surgical candidate in the past and repeat periodic cervical epidural injections were recommended as the best option to manage his chronic pain. The patient was evaluated on 10/2/13 for complaints of 8/10 neck pain radiating to their left upper extremity and upper thoracic back pain. The patient also reported left upper extremity paresthesias. The patient also reported that they ran out of their medications and was seldom taking them. Medications included Flomax, Allopurinol, Ranitidine, Coumadin, Flexeril PRN and Percocet PRN. Patient reported that pain interfered with their function. Physical exam was significant for clear lungs. There was tenderness along the left cervical paraspinal musculature and cervical range of motion aggravated their pain. Left cervical neck stretch test was negative and the patient was ambulatory with an assistive device. Diagnosis included chronic neck pain and upper thoracic back pain, left upper extremity pain/paresthesia, degenerative C3-5 disc, left cervical radicular pain, regional myofascial pain, history of blood clots on Coumadin and sleep apnea. At issue in this review is the prescription for Percocet, CPAP replacement parts and a urine drug screen. Prior records indicate that the patient's sleep apnea is 'non-industrial'.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Percocet 10/325mg, quantity 60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-95.

**Decision rationale:** Percocet is a short acting opiate (oxycodone) in combination with acetaminophen. This injured worker has chronic back pain and neck pain. The patient's medical course has included numerous diagnostic and treatment modalities. Per the Chronic Pain Medical Treatment Guidelines for Opioid Use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. The treating provider failed to document a discussion of anticipated improvement in pain, functional status or side effects/abuse potential. Also, other medications were not trialed prior to the use of opiates as reasonable alternatives. The long-term efficacy of opioids for chronic back pain is unclear but appears limited. The request for 1 prescription Percocet 10/325mg, quantity 60 is not medically necessary and appropriate.

**Replacement of CPAP parts:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Epstein LJ, Kristo D, Strollo PJ Jr, Friedman N, Mahlhora A, Patil SP, Raman SP, Rogers R, Schwab RJ, Weaver EM, Weinstein MD, Adult Obstructive Sleep Apnea Task Force of the American Academy of Sleep Medicine. Clinical Guideline for the evaluation, management an

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of Obstructive Sleep Apnea in Adults (Up to date)

**Decision rationale:** The injured worker has a history of sleep apnea which is stated to be non-industrial per the records. The American Academy of Sleep Medicine (AASM) recommends offering positive airway pressure therapy to all patients who have been diagnosed with obstructive sleep apnea. CPAP delivers positive airway pressure at a level that remains constant throughout the respiratory cycle. It is used most often because it is the simplest, the most extensively studied, and associated with the most clinical experience. The treating provider note requests replacement CPAP parts but does not address any respiratory symptoms or assess current CPAP use. The request for replacement of CPAP parts is not medically necessary and appropriate.

**1 urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg. 33

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-78.

**Decision rationale:** The injured worker has a history of chronic pain and has had various treatment modalities including the current regimen of Percocet. Per The Chronic Pain Medical Treatment Guidelines, urine drug screening may be used at the initiation of opioid use for pain management and in those individuals with issues of abuse, addiction or poor pain control. The records fail to document any issues of abuse or addiction. The request for one urine drug screen is not medically necessary and appropriate.